

Access Update

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Massachusetts Elderly and Prescription Drug Coverage

This publication is the first in a series of monographs based on the results of the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. This series is also available on our web site: www.state.ma.us/dhcfp.

The rising cost of prescription drugs and prescription drug coverage has made it increasingly challenging for many elders to afford necessary medications. Nationwide, 55% of adults ages 65 and over take three or more prescription drugs on a regular basis and 23% report a "serious problem" paying for needed prescription medicines.¹ Massachusetts has experienced disruptions in the Medicare HMO market, such as the capping of the Medicare HMO pharmacy benefit and the discontinuation of several Medicare HMO products.² Access to affordable drug coverage has become a key political issue at both the state and national levels.

This issue of *Access Update* looks at prescription drug coverage for non-institutionalized seniors in Massachusetts and analyzes the burden of prescription drug expenditures on specific categories of Massachusetts elderly. The survey of the health insurance status of Massachusetts residents was conducted between February and July of 2000. Information was collected on 452 households with an elderly resident and 736 elderly individuals living in these households. Interviews were conducted using computer-assisted telephone interviewing technology. The survey questionnaire was available in both Spanish and English. Responses to survey questions were weighted in order to reflect population estimates.

Demographics

- Most Massachusetts elderly are female (57%).
- Over half the population is married (55%), and another 34% are widowed; the remainder have never been married, or are divorced or separated.
- While most seniors (85%) do not work, about 15% of seniors report that they are employed.

- About one-fifth of seniors (19.5%) are low-income (below 150% of the federal poverty level or FPL).
 - Metro Boston has the highest proportion of elderly (36%), followed by the Southeast region (19.6%).
- (see Figure 1 and Figure 2 below)

Figure 1
Massachusetts Non-Institutionalized Elderly by Income

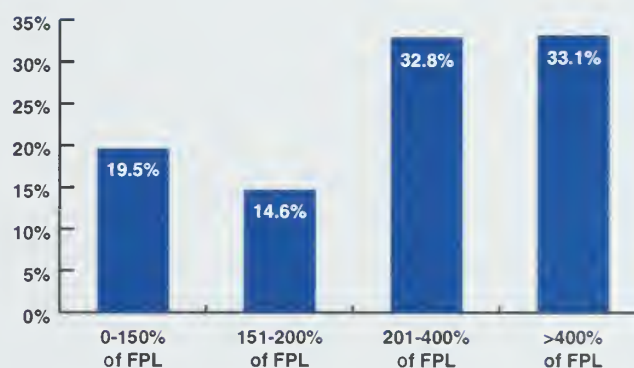
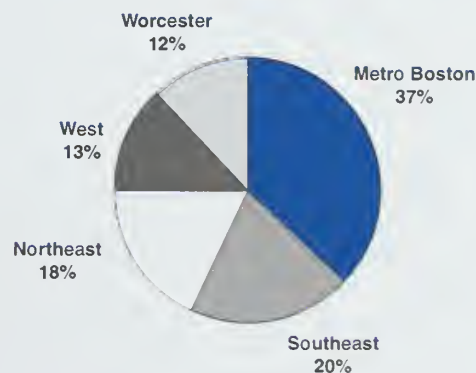


Figure 2
Massachusetts Non-Institutionalized Elderly by Region



Prescription Drug Coverage

Survey results indicate that just over 28% of non-institutionalized Massachusetts seniors lack prescription drug coverage. Low-income seniors are much less likely to have coverage than those residing in households with incomes greater than 150% of the federal poverty level. While 19.5% of seniors reside in low-income households, 44.3% of these elderly lack drug coverage.

Seniors without pharmacy coverage are twice as likely to face high out-of-pocket costs (more than \$75 per month) than those with prescription drug coverage. The burden of out-of-pocket drug costs falls disproportionately on certain groups of the elderly. These groups include seniors without supplemental coverage or Medicaid, low-income elderly, those with chronic conditions, and the very old (ages 85 and over). The majority of elderly who used prescription drugs in the past year spent between \$11 and \$50 out-of-pocket monthly. However, approximately 18% of non-institutionalized Massachu-

setts seniors report that they spend more than \$100 monthly on prescription drugs. Nearly half of low-income seniors without prescription drug coverage (46%) had high out-of-pocket costs (see Figure 3 and Figure 4 below left).

The very old are also disproportionately represented among the population of non-institutionalized seniors lacking prescription drug benefits. While 11.6% of the non-institutionalized elderly are ages 85 and over, more than half of these seniors (56%) report no pharmacy coverage. In comparison, less than 32% of seniors ages 75 to 84 and about 19% of seniors ages 65 to 74 report lacking pharmacy coverage.

Most drug spending is for long-term conditions or a combination of long and short-term conditions. Less than 8% of drug spending for seniors is for short-term conditions only.³ Nearly all seniors with high out-of-pocket costs report at least one long-term condition requiring prescription drug medication.

Figure 3
Monthly Out-of-Pocket Drug Costs

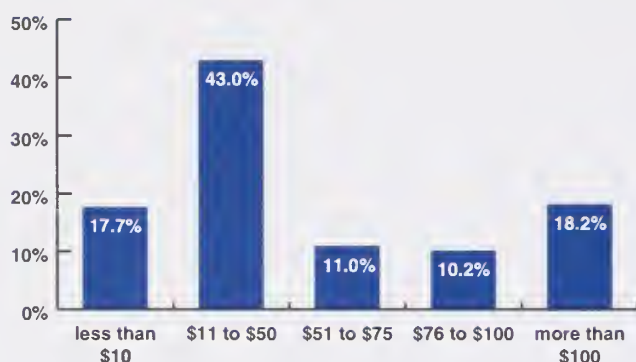
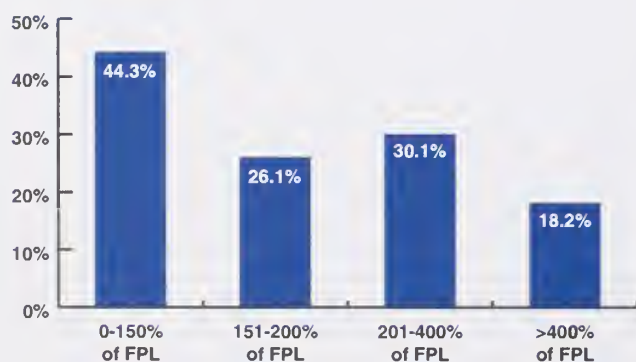


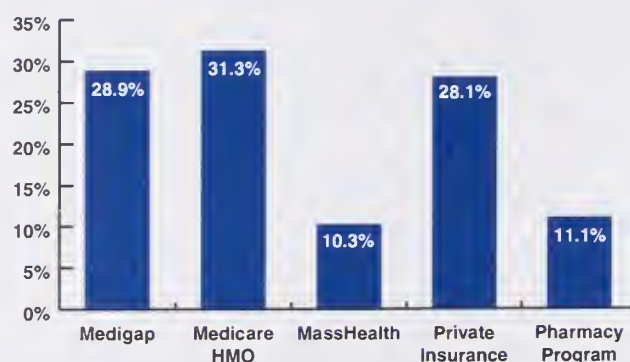
Figure 4
Non-Institutionalized Elderly Lacking Drug Benefit by Income



Sources of Prescription Drug Coverage

About 29% of the elderly report that a Medigap policy helps pay for their drugs, 31% stated that a Medicare HMO provides assistance, 10% credit MassHealth, and 28% report that they receive assistance from a private insurer. Of those interviewed, 11% state that the Senior Pharmacy Program helped pay for their prescription drugs⁴ (see Figure 5 below).

Figure 5
Sources of Prescription Drug Coverage*



*Please note that these responses are not mutually exclusive.

The Senior Pharmacy Program

In response to decreasing coverage for prescription drugs and increasing out-of-pocket expenses for the elderly, the Senior Pharmacy Program was implemented in Massachusetts on July 1, 1997.⁵

Survey respondents were asked about sources of prescription coverage for the past 12 months. For some of that time period the Senior Pharmacy Program provided Massachusetts residents, ages 65 and over, up to \$750 in prescription drug coverage per year. As of January 1, 2000 new legislation amended the Senior Pharmacy Program calling it the Pharmacy Program. The Pharmacy Program now provides up to \$1,250 annually to eligible elders or disabled individuals to help pay for prescription drugs. Survey response indicates that approximately 63,000 seniors receive assistance through this program. These survey results are validated by program enrollment figures.

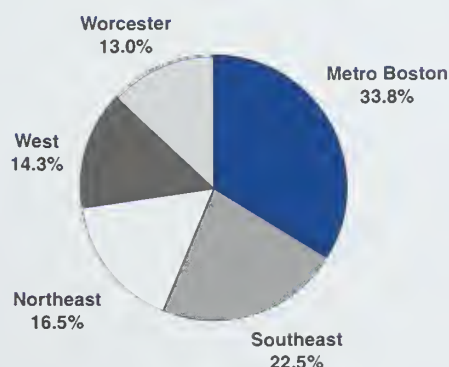
Potentially Eligible Seniors

The elderly most likely to be eligible for the Pharmacy Program are those residing in households with incomes of 185% of the FPL or less with no other prescription drug benefit. Survey data indicate that about 8% of non-institutionalized seniors are potentially eligible. More potentially eligible seniors reside in the Metro Boston region (38.3%) and the West region (23.4%) than in other regions of the state. The majority of eligible seniors report at least one long-term condition requiring prescription drug medication.

Awareness of the Pharmacy Program

The proportion of seniors who have heard of the Massachusetts Pharmacy Program has increased from 35% in 1998 to 55% in 2000. Awareness for seniors within the eligible income category is even greater, with approximately 69% aware of the program. These results indicate that increased outreach efforts were effective. There is a higher awareness of the Pharmacy Program among seniors living in the Metro Boston and Southeast regions (see Figure 6 below).

Figure 6
Awareness of Senior Pharmacy Program by Region



The Prescription Advantage Plan

The "Prescription Advantage Plan" is the name of the new insurance-based prescription drug program signed into Massachusetts law this year. The Advantage Plan will be available to elders and to people with qualified disabilities. When implemented in April of 2001, this plan will replace the existing Pharmacy and Pharmacy Plus Programs.⁶ Those enrolled in these programs will automatically be considered for membership in the new insurance plan. Enrollees contribute monthly premiums, annual deductibles and co-payments on a graduated scale based on annual household income.

Conclusion

Out-of-pocket costs fall most heavily on specific categories of elderly, including low-income seniors, the very old, those with chronic health conditions and those lacking supplemental coverage or Medicaid. Studies based on national samples of persons ages 65 and over report that out-of-pocket expenditures as a percentage of total health care expenditures are highest for those with no supplemental coverage.

The Division's survey findings were validated by a recent study by the Rand Corporation. The Rand study found that among elderly persons, insurance coverage for drugs reduces the fraction of household income spent on prescription drugs by 50%. The authors concluded that the groups most likely to benefit from such coverage are elderly women, low-income seniors, and those with chronic conditions.

As policy makers attempt to allocate limited health care resources, understanding the distribution of out-of-pocket pharmacy costs across sub-groups of elderly is vital. The 2000 Health Insurance Status of Massachusetts Residents Survey provides one source of information for policy makers. With the pending implementation of the new pharmaceutical coverage plan, it is important to continue monitoring the progress of new initiatives in providing access to necessary medications for vulnerable Massachusetts residents.

1. *The NewsHour with Jim Lehrer* / Kaiser Family Foundation / Harvard School of Public Health *National Survey on Prescription Drugs*, 09/2000 (conducted July-September 2000).
2. "No Giving Thanks to Pilgrim," *Boston Globe*, 11/22/1998. See also *Boston Globe*, 08/24/1999, "W. Mass. Elders May Get Health Coverage Aid" by Richard A. Knox.
3. Short-term conditions are defined as conditions lasting fewer than 30 days.
4. Categories overlap—because respondents could select more than one category, the total does not equal 100%.
5. This program is funded through the Children's and Senior's Health Care Assistance Fund and the Tobacco Settlement Fund.
6. Pharmacy Plus Program assists seniors and disabled persons with high prescription drug costs. Qualified applicants must have spent at least 10% of their gross monthly income on prescription drugs in three of the previous six months and have annual income under \$41,200 for individuals and \$55,320 for a couple. The Pharmacy Plus program provides drug coverage with no dollar limit.



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Health Insurance Status of Massachusetts Children

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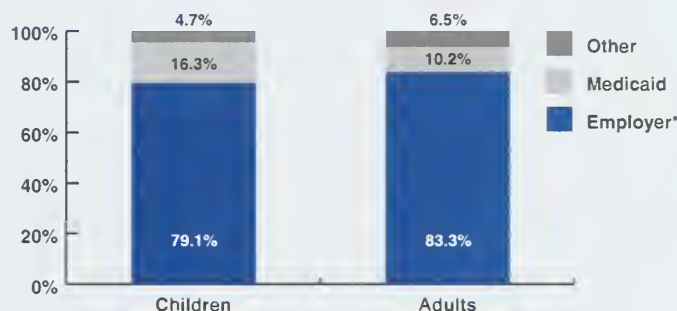
Access to health care has long been an indicator of one's quality of health. Literature suggests that access to health care for children improves the likelihood that they receive continuous health care and preventative health monitoring that will in turn positively impact their emotional and physical development.¹ Yet, access to care is largely determined by health insurance coverage since it offers a "regular" source of care, as well as the capacity to pay for it. Research shows that nationwide, children without insurance are six times less likely to seek medical care when needed than those with private insurance and four times more likely than all insured children (privately insured and those covered by Medicaid) to delay seeking care due to affordability concerns of their parents.² This issue of *Access Update* presents findings from the 1998 and 2000 health insurance status surveys by the Division of Health Care Finance and Policy and highlights the significant differences between insured and uninsured children in Massachusetts.

Key Findings of the 2000 Survey

- The rate of uninsured children decreased by over 50% from 6.3% in 1998 to 3% in 2000.
- The majority (68%) of uninsured children are between ages 6 and 18.
- The Southeast and Worcester regions have the largest percent of uninsured children, as a percent of their total child populations, with 4.1% and 4% respectively.
- Hispanic children are more likely to be uninsured (5.5%) than other racial or ethnic groups.
- Uninsured children are more likely to live in low-income households³ (40.3%) than are insured children (25%).

- Children are more likely to receive health insurance coverage through Medicaid than non-elderly adults, 16.3% versus 10.2% (see Figure 1 below).

Figure 1
Source of Insurance



* Employers providing health insurance coverage include coverage provided by the military, a group purchaser or past employers.

Background

The latter half of the 1990s saw a strong economic boom in Massachusetts resulting in record low unemployment rates and an increase in job growth. At the same time, the Medicaid program expanded coverage under a section 1115 Medicaid research and demonstration waiver. Incorporating funds from the State Children's Health Insurance Program (SCHIP),⁴ this waiver expanded MassHealth coverage to include children (ages 18 and younger), pregnant women and their newborns, and adults living in households with income up to 200% of the federal poverty level (FPL).⁵ Since the waiver's implementation, MassHealth enrollment has increased by 30.9% for low-income children insuring 400,425 Massachusetts children.⁶

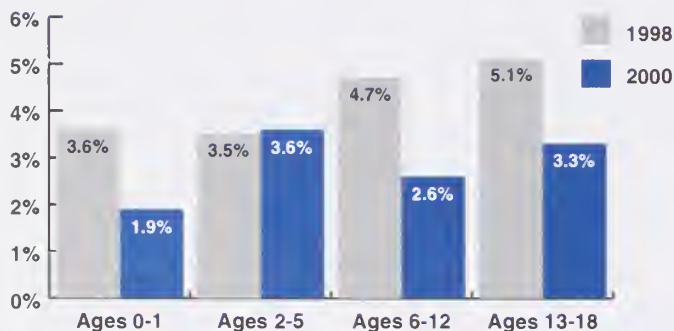
In accordance with a 1997 legislative mandate, the Division of Health Care Finance and Policy conducted two state-sponsored surveys to identify the characteristics and health-related

decision-making patterns of the uninsured and underinsured populations. Each survey was conducted between February and July of their given year. The 1998 survey collected data on 2,107 children ages 18 and younger, and the 2000 survey gathered data on 1,958 children of the same age group. Both surveys used a random digit dialing methodology where the sample was drawn from a computer-generated random list of telephone numbers. The survey questionnaire was available in Spanish and English. Responses to survey questions were weighted in order to reflect current population estimates.

Demographics

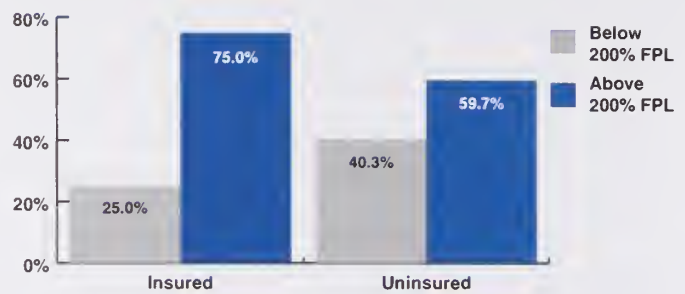
Age. The lowest rate of uninsured people in Massachusetts (3%) is among children ages 18 and younger. Among all children, the largest percent of uninsured children are between ages 6 and 18 (68%). Between 1998 and 2000, the largest decreases (almost 50% each) in the number of uninsured individuals were found among the infant (ages one and younger) and the 6 to 12 age groups. During this same time period, the uninsured rate for those ages two to five changed only slightly, exhibiting the highest rate (3.6%) among all children (see Figure 2 below).

Figure 2
Percent of Uninsured Children within Age Group



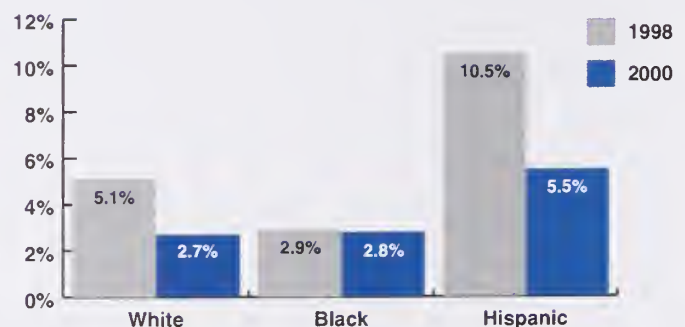
Income. Most uninsured children (59.7%) live in households with incomes at or above 200% of the FPL. While this illustrates the successful expansion efforts to insure low-income children, a disproportionate number of uninsured children still reside in low-income households. In fact, 40.3% of all uninsured children live in low-income households while only 25% of insured children live in households with income at or above 200% of the FPL (see Figure 3 top right).

Figure 3
Percent of Children by Insurance Status and Income



Race. Despite having the highest uninsured rate (5.5%), the Hispanic population exhibited the largest decline in the rate of uninsured with a 47% decrease between 1998 and 2000. The white and black populations have nearly equivalent rates of uninsured children, with 2.7% and 2.8% respectively. While the uninsured rate among black children has remained relatively constant, the uninsured rate for white children has declined by almost half (see Figure 4 below).

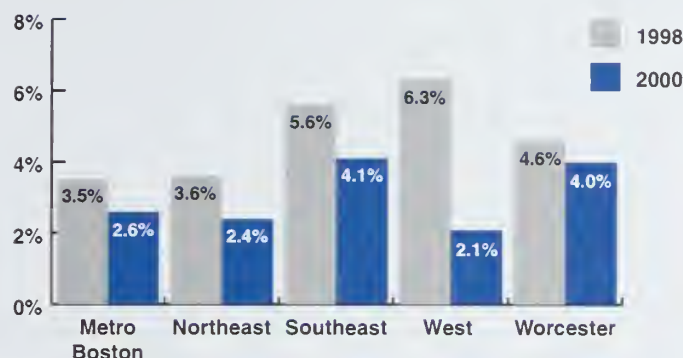
Figure 4
Percent of Uninsured Children within Race and Ethnic Group



Region. The majority of uninsured children in Massachusetts live in the Metro Boston (29.7%) and Southeast (27.8%) regions. Within specific regions, the Southeast and Worcester areas have the highest percentages of uninsured children with 4.1% and 4% respectively. The largest strides in decreasing the uninsured rate among Massachusetts children are found

in the West and Northeast regions, showing 67% and 33% declines respectively between 1998 and 2000 (see Figure 5).

Figure 5
Percent of Uninsured Children within Region



Access and Utilization

Having a regular source of care, such as a clinic or physician's office, is more likely to ensure appropriate pediatric care and monitoring. Without health insurance coverage, access to care can be more difficult. As the 1998 and 2000 survey data indicate, uninsured children are less likely to utilize health care services than are insured children. While about the same percent of uninsured children (73.8%) as insured children (76.1%) reported needing medical care in the past 12 months, uninsured children were twice as likely not to seek this care than were the insured children. For the most recent medical care sought, 27.3% of uninsured children received services paid for by the Massachusetts Uncompensated Care Pool,⁷ suggesting that cost is likely a barrier to seeking appropriate health care.

Despite physician recommendations that children visit a pediatrician eight times in the first year of life, three times in the second year and once a year until age six,⁸ uninsured children are less likely to visit a doctor than are insured children (34.2% versus 11.7%). In addition, 81.8% of insured children made between one and ten visits to the doctor in the last year, compared to only 59.9% of uninsured children.

While only a small percent of children visited the emergency room in the last year, the percent of uninsured children (29.2%) who made one or more visits was slightly higher than that of insured children (27.8%). Although uninsured children are more likely to utilize emergency room services, it is striking that insured children are far more likely to make physician

office visits. These findings suggest that the uninsured lack access or opt not to obtain routine care from a primary care physician on a regular basis (see Figures 6 and 7 below).

Figure 6
Percent of Children by Insurance Status and Emergency Room Utilization

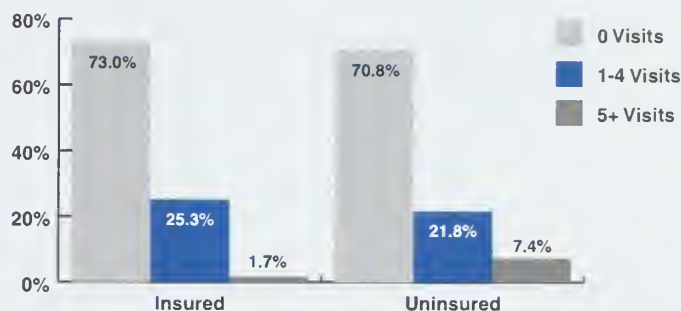
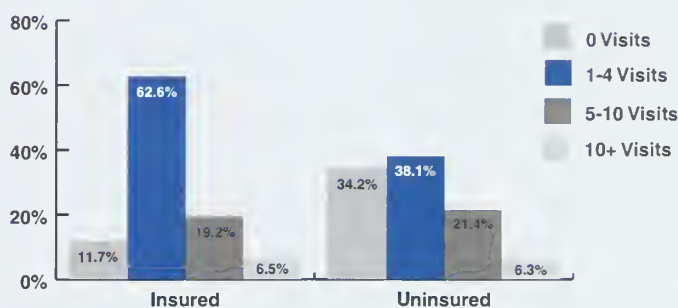


Figure 7
Percent of Children by Insurance Status and Physician Office Utilization

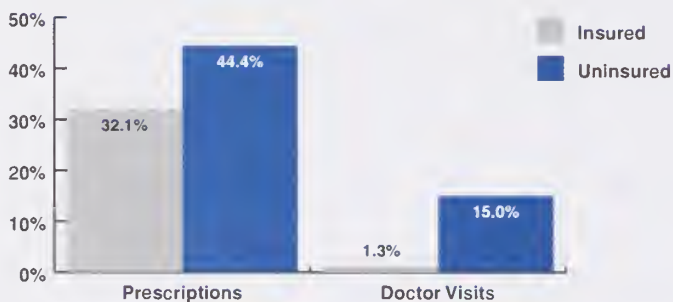


Consistent with national findings, uninsured children ages three and older are also less likely to visit the dentist than are insured children according to survey responses. Almost 20% of uninsured children, compared with 11.5% of insured children, did not visit the dentist in the past year. One possible explanation for this sizable disparity is the high cost of comprehensive or even routine dental care. However, less access to preventive routine dental care could result in more complex and costly treatment when care is finally sought (see Figure 8 on page 4).

Figure 8
Percent of Children by Insurance Status and Dental Office Utilization



Figure 9
Percent of Children Not Seeking Care for Chronic Condition by Type of Care* and Insurance Status



*Types of care are not necessarily independent of each other.

The overall trends in health care utilization by uninsured children are particularly disconcerting considering the slightly higher number of uninsured children with chronic or specific medical conditions or disabilities. About 13% of uninsured children reported having a medical condition or disability

such as asthma (87.6%) or attention deficit disorder (12.5%), compared with only 7% of insured children. About 16% of uninsured children have a chronic medical condition lasting three months or longer that requires monitoring, compared with 14% of insured children. Uninsured children are still less likely to receive treatment for their chronic condition than are insured children, with 15% of uninsured chronically ill children versus only 1.3% of their insured counterparts not seeking visits to the doctor in the past three months for their condition. Similarly, 44.4% of these uninsured children compared with 32.1% of the insured children either did not fill the prescription or take the medicine prescribed for their condition in the past three months (see Figure 9 left).

Conclusion

Massachusetts has made exceptional strides in decreasing the number of uninsured children, particularly those who are low-income. However, many Massachusetts children remain uninsured. As supported by the survey results, uninsured children continue to experience barriers to regular care. Since it is likely that these families are harder to reach, it is critical that we continue to look for ways to enroll these children in programs for which they are eligible. With the existing data, as well as future research efforts, it is hopeful that these children and families will benefit from direct public policy initiatives aimed at serving their health needs.

1. Edmunds, M. and M.J. Coye, eds. *America's Children: Health Insurance and Access to Care*. National Academy Press: Washington, D.C., 1998.
2. Ibid and *America's Children: Key Indicators of Well-Being, 2000*. www.childstats.gov.
3. In this monograph low-income households are households with income below 200% of the federal poverty level.
4. The Children's Health Insurance Program (CHIP) is a 1997 federal/state health insurance initiative that provides health insurance coverage to low-income children.
5. Center for MassHealth Evaluation and Research. *Massachusetts Title XXI Children's Health Insurance Program Annual Report*, April 5, 1999.
6. Division of Medical Assistance. *Caseload Snapshot Report*, February 28, 2001.
7. The Uncompensated Care Pool pays for medically necessary services for low-income uninsured and underinsured people provided by acute hospitals and community health centers in Massachusetts.
8. Maternal and Child Health Bureau. *Child Health USA 2000*. U.S. Department of Health and Human Services, Health Resources and Services Administration, 2000.

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Health Insurance Status of Massachusetts Adults

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Access to health care has long been an indicator of one's quality of health. Literature suggests that health insurance coverage can affect adults' access to health care and in turn, impact their health status. Health insurance coverage is a common indicator of access. Without health insurance, adults are less likely to have a primary care physician, for example.

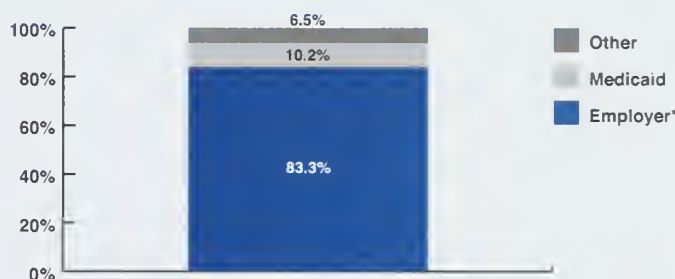
Research shows that non-elderly adults are 40% more likely to be uninsured and much less likely to have public insurance such as Medicaid¹ than children. This issue of *Access Update* presents findings from the 1998 and 2000 health insurance status surveys by the Division of Health Care Finance and Policy and highlights the significant differences in health status and health service utilization between insured and uninsured adults in Massachusetts.²

Key Findings of the 2000 Survey

- The rate of uninsured adults decreased by over 25% from 10.8% in 1998 to 8% in 2000.
- The majority (56%) of uninsured adults are between ages 19 and 34.
- More males than females are uninsured.
- The Southeast region has the largest percent of uninsured adults (10.1%). The Worcester and Western regions have the second largest percent of uninsured adults, with 7.8% and 7.6% respectively.
- Hispanic adults are more likely to be uninsured (24.2%) than other racial or ethnic groups. Black adults have the second highest uninsured rate (16.2%).
- Uninsured adults are more likely to live in low-income households³ (42%) than are insured adults (14.4%).

- Most non-elderly adults receive health insurance coverage through their employer (78.8%), with Medicaid (10.2%) being the second largest source of health care coverage (see Figure 1 below).

Figure 1
Source of Insurance for Non-Elderly Adults



* Employers providing health insurance coverage include coverage provided by the military, a group purchaser or past employers.

Background

The latter half of the 1990s saw a strong economic boom in Massachusetts resulting in record low unemployment rates and an increase in job growth. At the same time, the Medicaid program expanded coverage under a Section 1115 Medicaid research and demonstration waiver. This waiver expanded coverage to children (ages 18 and younger), pregnant women and their newborns, and adults living in households with income up to 200% of the federal poverty level (FPL).⁴ Since the waiver's implementation, MassHealth enrollment has increased by 65.5% for low-income adults insuring 416,281 Massachusetts adults.⁵

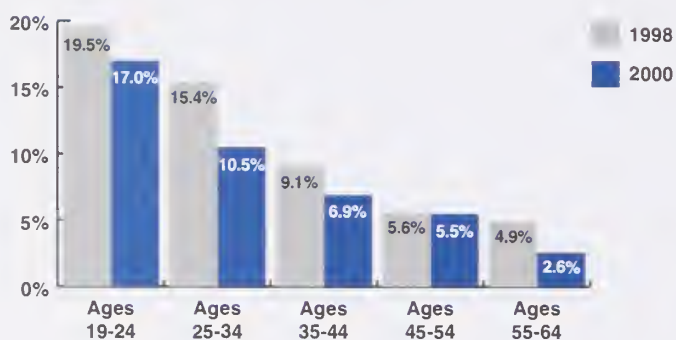
In accordance with a 1997 legislative mandate, the Division of Health Care Finance and Policy conducted two state-spon-

sored surveys to identify the characteristics and health-related decision making patterns of the uninsured and underinsured populations. Each survey was conducted between February and July of their given year. The 1998 survey collected data on 4,419 adults ages 19 to 64 and the 2000 survey gathered data on 4,375 adults of the same age group. Both surveys used a random digit dialing methodology where the sample was drawn from a computer-generated random list of telephone numbers. The survey questionnaire was available in Spanish and English. Responses to survey questions were weighted in order to reflect current population estimates.

Demographics

Age. The highest rate of uninsured people in Massachusetts (8%) is among non-elderly adults ages 19 to 64. Among all adults, the largest percent of uninsured individuals are between ages 19 and 34 (56%). Within each age group, those ages 19 to 24 have the highest uninsured rate (17%). The 25 to 34 age group has the second highest uninsured rate (10.5%) and the second largest decline (32%) in the rate of uninsured between 1998 and 2000. The 55 to 64 age group exhibited the largest decrease (almost 50%) in their uninsured rate (see Figure 2 below).

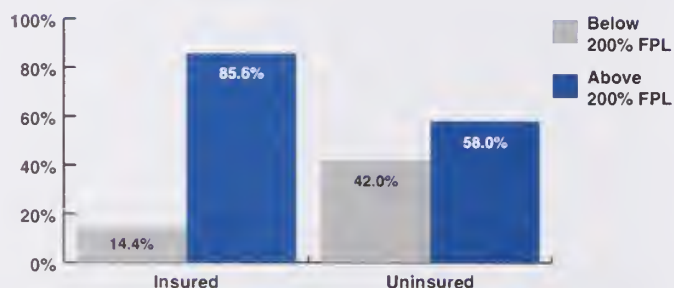
Figure 2
Percent of Uninsured Non-Elderly Adults within Age Group



Income. More uninsured adults (58%) live in households with incomes above 200% of the federal poverty level (FPL). While this is consistent with successful state sponsored expansion efforts to insure low-income adults, uninsured adults are more than twice as likely to reside in low-income households with income at or below 200% of the FPL than

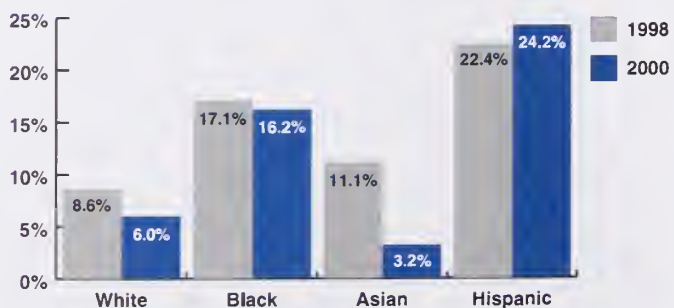
are insured adults. Nearly 86% of insured adults report residing in households with income above 200% of the FPL (see Figure 3 below).

Figure 3
Percent of Non-Elderly Adults by Insurance Status and Income



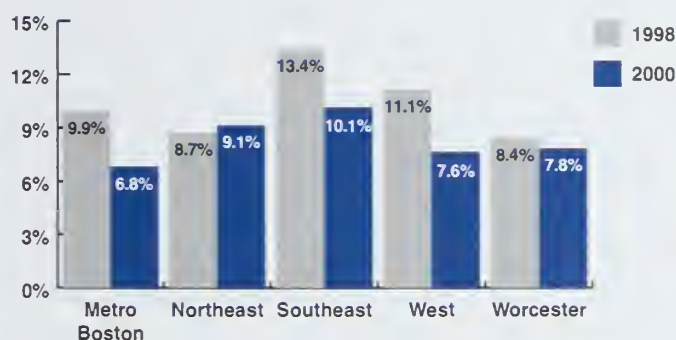
Race. The Hispanic population has the highest uninsured rate (24.2%) which increased by almost 2% between 1998 and 2000. The white and Asian populations have the lowest rates of uninsured adults, with 6% and 3.2% respectively. While the uninsured rate among black adults has declined slightly, the uninsured rate for white adults has declined by almost one-third. Although the Asian population exhibited the largest decline in the uninsured rate (71.1%) between 1998 and 2000, this may be attributable to the small number of Asians captured in the survey (see Figure 4 below).

Figure 4
Percent of Uninsured Non-Elderly Adults within Race and Ethnic Group



Region. Each region experienced a decline in the rate of uninsured, with the exception of the Northeast where the rate remained practically unchanged. The largest proportion of uninsured adults are found in Metro Boston (32.2%) and the Southeast (23.9%) regions of Massachusetts. The Southeast has the highest rate of uninsured (10.1%). The Worcester and Western regions have the second highest rate of uninsured, with 7.8% and 7.6% respectively. The greatest strides in decreasing the uninsured rate among adults are found within the Metro Boston and West regions, showing 31% and 32% declines respectively between 1998 and 2000. Despite the high percentage of uninsured adults in the Southeast region, there was a 25% decline in their regional uninsured rate between 1998 and 2000 (see Figure 5 below).

Figure 5
Percent of Uninsured Non-Elderly Adults within Region



Employment. The majority of both uninsured (71.7%) and insured (81.9%) adults are employed. The working uninsured, however, are more likely to be self-employed than the insured (29.4% compared to 10.9%). The working uninsured are also less likely to work for the same employer for more than a year, are less likely to work full-time, and are more likely to work for a small firm with less than 50 employees. Lack of employer-sponsored health care coverage and cost may account for the remaining number of employed adults that are uninsured. Seventy-five percent of uninsured working adults report being ineligible for employer-sponsored health insurance coverage, and of the remaining 25% who are eligible, 70% report cost as the primary reason for being uninsured.

Access and Utilization. While health insurance coverage does not ensure better health, it is highly correlated with access

to health care and health status. Consistent with past research, the survey data indicate that uninsured adults are more likely to rate their own quality of health as fair to poor and are less likely to utilize such health care services as doctor visits, than are insured adults. While most uninsured adults (58.8%) and insured adults (73.4%) reported needing medical care in the past 12 months, insured adults were 26% more likely to seek this care than were the uninsured adults. For the most recent medical care sought, almost 60% of uninsured adults paid out-of-pocket and another 21% received services paid for by the Massachusetts Uncompensated Care Pool,⁶ suggesting that cost is likely a barrier to seeking appropriate health care.

Insured adults are almost twice as likely to visit a doctor than are uninsured adults (84.6% versus 46.8%, respectively). Nearly 80% of insured adults made between one and ten visits to the doctor in the past year, compared with only 43% of uninsured adults. In contrast, while only a small percent of all adults visited the emergency room in the past year, uninsured adults (32.2%) were more likely to make one or more visits than were insured adults (25.3%). Although uninsured adults are more likely to utilize emergency room services, it is striking that insured adults are far more likely to make physician office visits. These findings suggest that the uninsured lack access or opt not to obtain routine care from a primary care physician on a regular basis (see Figure 6 below and Figure 7 on page 4).

Like uninsured children, uninsured adults are less likely to visit the dentist than are insured adults according to survey responses. Insured adults (83.3%) are over 80% more likely to visit the dentist than are uninsured adults (46.1%). One possible explanation for this sizable disparity is the high cost

Figure 6
Percent of Non-Elderly Adults by Insurance Status and Physician Office Utilization

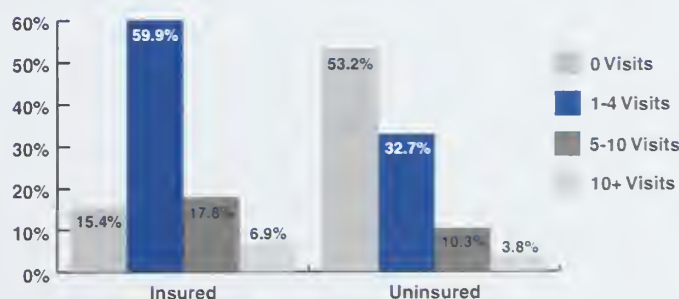
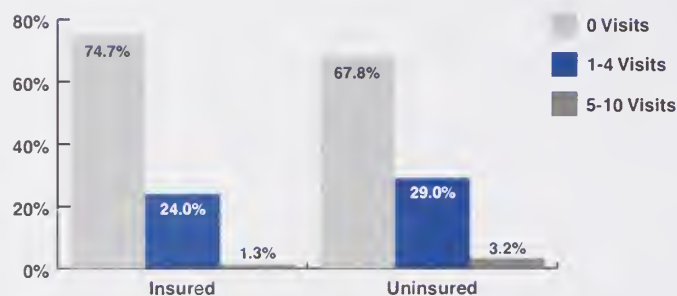


Figure 7
Percent of Non-Elderly Adults by Insurance Status and Emergency Room Utilization



of comprehensive or even routine dental care. However, less access to preventive routine dental care could result in more complex and costly treatment when care is finally sought (see Figure 8 top right).

These utilization trends are significant considering the slightly higher number of uninsured adults with chronic medical conditions or disabilities. About 13% of uninsured adults reported having a medical condition or disability, compared with only 10% of insured adults. Slightly fewer uninsured adults report a chronic medical condition lasting three months or longer than do insured adults (23.9% compared with 29.2%, respectively). Insured chronically ill adults were one and a half times more likely to make visits to the doctor for their condition than were their uninsured counterparts. Furthermore, in the past three months, only 43% of these uninsured adults, compared with 78% of the insured chronically ill adults, filled a prescription or took the medicine prescribed for their condition (see Figure 9 right).

Conclusion

As indicated by the survey results, state sponsored expansion efforts coupled with a strong economy contributed to the declining number of low-income uninsured adults in Massachusetts. Yet, non-elderly adults continue to represent the largest number of uninsured, specifically among the younger adult population. Since the remaining uninsured appear to be harder to reach, we must first identify specific barriers to insurance such as employment status, economic stability and perceived need. Key policy makers are committed to improving access to health care and insurance. With the existing data, as well

Figure 8
Percent of Non-Elderly Adults by Insurance Status and Dental Office Utilization

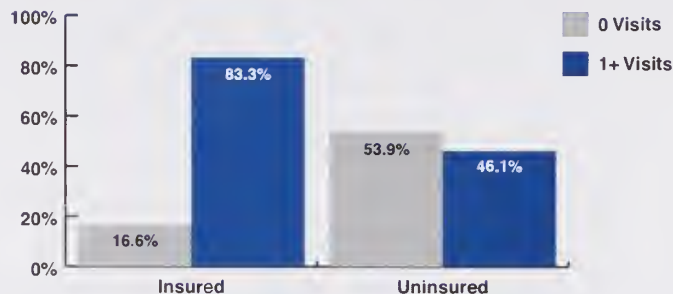
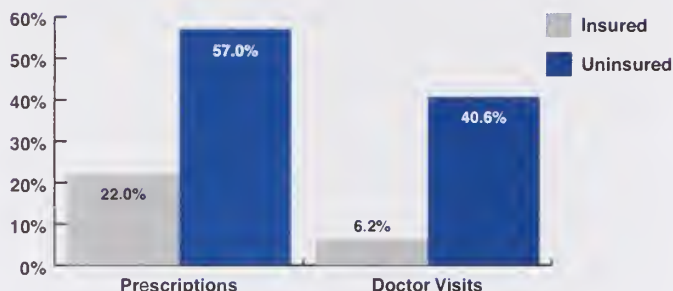


Figure 9
Percent of Adults Not Seeking Care for Chronic Condition by Type of Care* and Insurance Status



*Types of care are not necessarily independent of each other.

as future research efforts, it is hopeful that these adults will benefit from direct public policy initiatives aimed at serving their health needs.

1. Spillman, Brenda C. "Adults Without Health Insurance: Do State Policies Matter?" *Health Affairs*. Vol. 19: 4, July-August, 2000.
2. In this monograph percentages are based on the non-elderly adult population, ages 19-64.
3. In this monograph low-income households are households with income below 200% of the federal poverty level.
4. Center for MassHealth Evaluation and Research. *Massachusetts Title XXI Children's Health Insurance Program Annual Report*, April 5, 1999.
5. Division of Medical Assistance. *Caseload Snapshot Report*, April 30, 2001.
6. The Uncompensated Care Pool pays for medically necessary services for low-income uninsured and underinsured people provided by acute hospitals and community health centers in Massachusetts.

Access Update

Health Insurance Status of Massachusetts Urban Area Residents

This publication is the fourth in a series of monographs based on the results of the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. This series is also available on our web site: www.state.ma.us/dhcfp.

The Massachusetts Division of Health Care Finance and Policy (DHCFP) recently released statewide uninsurance rates for children and adults.¹ At the local level, interest is frequently expressed for more specific health insurance coverage information to help identify regional differences between the insured and uninsured populations. This issue of *Access Update* presents comparative information on five larger urban areas: Boston, Fall River/New Bedford, Lawrence/Lowell, Springfield and Worcester. Individual monographs (one for each urban area) are enclosed and further highlight the urban area differences in health status and health related utilization relative to the statewide rates.

Key Findings of the 2000 Survey

- Each of the five urban areas has a significantly higher rate of non-elderly uninsured individuals than the state.
- Lawrence/Lowell and Fall River/New Bedford have significantly higher rates of uninsured (10.5% each) than the other three urban areas.
- While higher than the statewide non-elderly uninsurance rate of 6.5%, Worcester and Boston have the lowest rates of non-elderly uninsured (8.2% and 8.5%), as well as the lowest rates of non-elderly uninsured adults (about 10% each) among the five urban areas.
- Springfield and Worcester have the lowest rates of uninsured children (3.8% and 3.9%), while Lawrence/Lowell and Fall River/New Bedford have the highest rates of uninsured children (about 5% each) among the five urban areas.
- In four urban areas, the uninsured rate for Hispanics is greater when compared to other racial or ethnic groups.

- In all five urban areas, the uninsured are more likely than the insured to live in low-income households.²
- For all five urban areas, most non-elderly residents receive health insurance coverage through their employer³ (73.7% or more), with Medicaid (18.2% or more) being the second largest source of health care coverage.
- Working uninsured are less likely to work for the same employer for more than a year, are less likely to work full-time, and are more likely to work for a small firm than the working insured.

Methodology

In accordance with a 1997 legislative mandate, the Division of Health Care Finance and Policy (DHCFP) conducted two state-sponsored surveys to identify characteristics of the uninsured and underinsured populations in Massachusetts. This monograph presents an analysis of the 2000 survey results and highlights differences in health insurance status across five distinct urban areas. The sample of urban area residents was conducted between July and December of 2000. The urban area sample collected data on 2,132 households and 5,535 individuals residing in Boston, Fall River/New Bedford, Lawrence/Lowell, Springfield or Worcester. The survey sample was drawn from a computer-generated random list of telephone numbers by area code and exchange combinations found in the five urban areas. The survey questionnaire was available in Spanish and English. Responses to survey questions were weighted to reflect population estimates.

Demographics

Age. Non-elderly adults have the highest rate of uninsured statewide (8%). Worcester and Boston have the lowest rates of non-elderly uninsured adults (about 10% each), while Lawrence/Lowell and Fall River/New Bedford have the highest rates of non-elderly uninsured adults, about 13% each (see Figure 1). Among adults, those ages 19 to 39 have the highest

rate of uninsurance in four of the five urban areas. Fall River/New Bedford and Springfield have the highest rates (18.9% and 15.9%) of uninsured individuals ages 19 to 39. While Boston has the lowest percent of uninsured adults ages 19 to 39 (9.8%), it has the second highest percent of uninsured adults ages 40 to 64 (10.7%). Children ages 18 and younger

have a fairly low percent of uninsured in all five urban areas, ranging from a low of 3.8% in Springfield to a high of 5.2% in Lawrence/Lowell (see Figure 2).

Income. In most urban areas, the largest percent of uninsured reside in households with incomes below 200% of the federal poverty level (see Figure 3). With the exception of

Figure 1
Uninsured Adults by Region and Urban Area, Ages 19-64

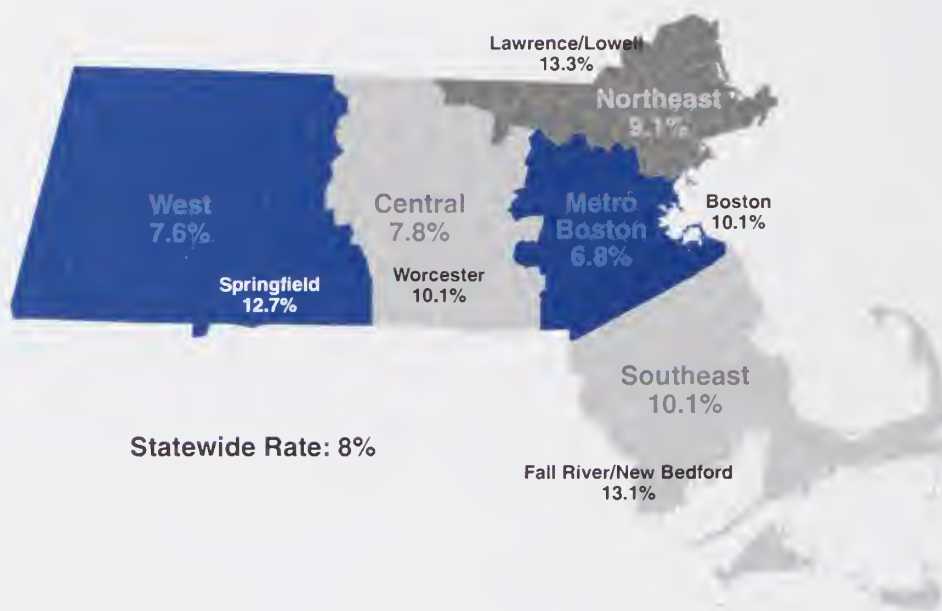
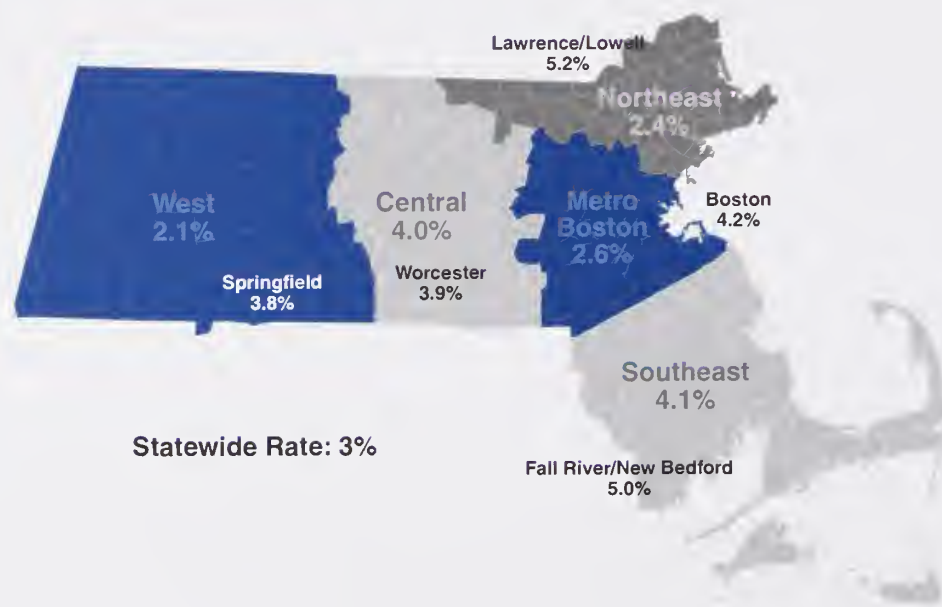


Figure 2
Uninsured Children by Region and Urban Area, Ages 0-18



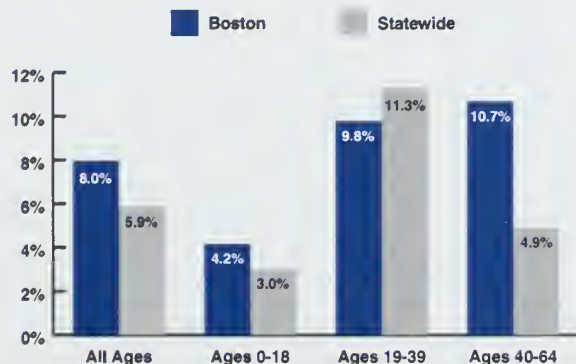
Health Insurance Status of Boston Residents

This monograph reports findings on Boston residents from the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. Differences in health insurance status among Boston residents and their health related utilization relative to the statewide population are highlighted. The oversample of urban area residents was conducted between July and December 2000. Data were collected on 417 households and 1,018 individuals residing in Boston. The sampling method and survey design replicated the statewide survey, using a computer-generated random list of telephone numbers by specific area code and exchange combinations in Boston. Survey question responses were weighted to reflect population estimates for Boston.¹

Source of Insurance. Similar to statewide findings, most Boston residents receive health insurance coverage through their employer² (76.1%). But while Medicaid provides health care coverage for 12.1% of non-elderly residents statewide, 19.8% of non-elderly Boston residents are covered by Medicaid.

Age. The percent of uninsured Boston residents (8%) is higher than the state rate of 5.9%. Boston adults ages 40 to 64 have the highest percent of uninsured (10.7%), more than twice the state rate of 4.9% (see Figure 1). However, the percent of uninsured Boston residents ages 19 to 39 (9.8%) is slightly lower than the state rate

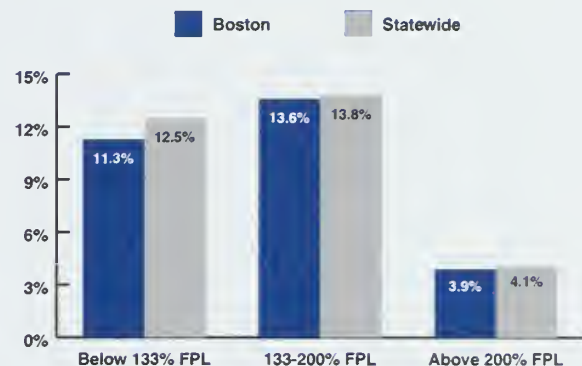
Figure 1
Non-Elderly Uninsured in Boston within Age Group



of 11.3%. At the same time, Boston children are more likely to be uninsured than children statewide (4.2% versus 3%).

Income. Over 58% of uninsured Boston residents versus 43.1% of uninsured statewide live in low-income households.³ Within each income bracket, however, the percent of uninsured in Boston reflects statewide findings (see Figure 2).

Figure 2
Non-Elderly Uninsured in Boston within Income Category

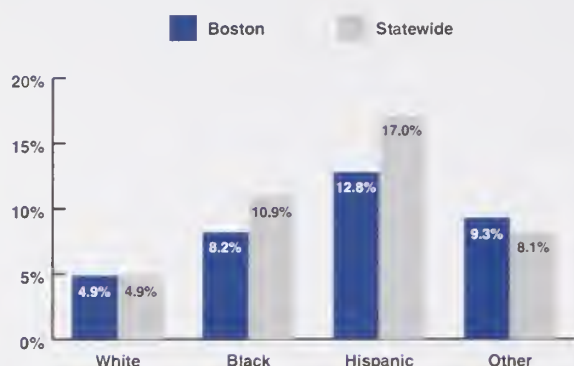


Race. Like the statewide trend, Hispanic Boston residents are more likely to be uninsured than other racial or ethnic groups. However, both the Hispanic and black populations in Boston are almost 25% less likely to be uninsured than they are statewide. For instance, 12.8% of Boston Hispanic residents are uninsured compared to 17% of Hispanics statewide (see Figure 3). Similarly, the percent of uninsured blacks in Boston is 8.2% compared to 10.9% statewide.

Knowledge of Health Programs. Over 80% of uninsured adults in Boston are aware of MassHealth (the Massachusetts Medicaid program), slightly less than awareness statewide (85.8%). The Uncompensated Care Pool, commonly known as Free Care, has a far greater recognition rate among uninsured adults in Boston (63%) than among uninsured adults across Massachusetts (42.5%).

Employment. The percent of employed uninsured adults in Boston (70.9%) is comparable to the percent statewide (71.7%). But while

Figure 3
Non-Elderly Uninsured in Boston
within Racial/Ethnic Category



25.4% of uninsured employees in Massachusetts report that they are eligible for health insurance through their employer, the percent in Boston is strikingly higher (almost 42%). In Boston, equal numbers of adults working in small firms⁴ and large firms report that they are eligible for health insurance. This is different than the statewide distribution where 63.1% of eligible adults work in small firms and only 36.9% work in large firms. Furthermore, while 70% of working uninsured statewide report “cost” as their reason for being uninsured, 60% of Boston working uninsured report “other” as their reason.⁵

Consistent with statewide trends, working insured in Boston are almost one and a half times more likely to work for the same employer for more than a year (79.2%) than are working uninsured (51.5%). Working uninsured in Boston are more likely to work part-time than working insured in Boston (38.6% versus 14.9%). In addition, working uninsured in Boston are more likely to work part-time than working uninsured statewide. Similar to state findings, working uninsured in Boston are far more likely to be self-employed than their insured counterparts.

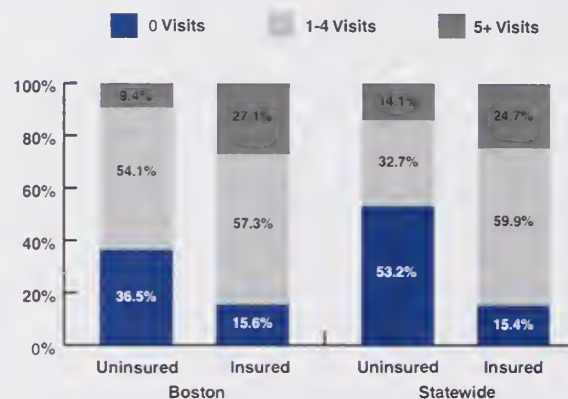
Access and Utilization

Consistent with state findings, the survey data indicate that uninsured adults in Boston are more likely to rate their own quality of health as fair to poor and less likely to utilize health care services such as doctor visits, than are insured adults. A greater percent of uninsured adults in Boston compared to insured adults report having a chronic medical condition lasting three months or more (35.4% versus 27.2%). At the same time, 41.1% of uninsured adults in Boston with a chronic illness report that they’ve never visited a doctor for treatment compared to only 2.8% of insured adults with a chronic illness. Similarly, 58.8% of these uninsured adults have not taken a prescription for their illness compared to only 15.9% of these insured adults.

In Boston, the disparity in utilization between insured and uninsured adults is smaller than it is statewide. While insured adults statewide are almost twice as likely to visit a doctor as are uninsured adults, insured adults in Boston are only 1.3 times more likely to visit

a doctor than are uninsured adults, 84.4% versus 63.5% (see Figure 4). While statewide findings suggest that uninsured adults are more likely to use the emergency room (ER), in Boston there appears to be little difference in ER utilization between uninsured and insured adults reporting one or more visits to the ER in the past year, 31.3% versus 28.4%.

Figure 4
Non-Elderly Adults in Boston
by Insurance Status and Physician Office Utilization



Summary

While uninsured residents of Boston have similar characteristics relative to the uninsured statewide, there are some interesting differences. Although Hispanics and blacks are more likely to be uninsured than other racial or ethnic groups, Boston’s rates of uninsured among Hispanics and blacks are lower than statewide findings. Employment characteristics of the uninsured also vary. Similar to statewide findings, the majority of uninsured in Boston are employed. However, the working uninsured in Boston are far more likely to be eligible for health insurance through their employers than are the working uninsured statewide. The differences between working uninsured and insured regarding hours worked per week are greater in Boston, where the working uninsured are far less likely to work full-time than are the working insured. Highlighting differences and similarities among specific uninsured populations can help guide more targeted outreach and education strategies to help uninsured populations learn about potential health coverage options.

1. Roman, Anthony M. “Survey of Insurance Status 2000 Methodological Report.” Center for Survey Research, University of Massachusetts, Boston, April 2001. www.state.ma.us/dhcfp/pages/pdf/survmethod.pdf
2. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veteran’s Administration), a group purchaser (i.e., labor union, professional association), and past employers.
3. Low-income households have income at or below 200% of the federal poverty level.
4. Small firms are defined as businesses having 49 or less employees and large firms are defined as businesses having 50 or more employees.
5. The DHCFP Health Insurance Status of Massachusetts Residents Survey does not capture specific reasons for not having health insurance beyond “other.”

Health Insurance Status of Fall River/New Bedford Residents

This monograph reports findings on Fall River/New Bedford residents from the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. Differences in health insurance status among Fall River/New Bedford residents and their health related utilization relative to the statewide population are highlighted. The oversample of urban area residents was conducted between July and December 2000. Data were collected on 424 households and 1,061 individuals residing in the Fall River/New Bedford area. The sampling method and survey design replicated the statewide survey, using a computer-generated random list of telephone numbers by specific area code and exchange combinations in Fall River/New Bedford. Survey question responses were weighted to reflect population estimates for Fall River/New Bedford.¹

Source of Insurance. Similar to statewide findings, most Fall River/New Bedford (FR/NB) residents receive health insurance coverage through their employer² (73.9%). But while Medicaid provides health care coverage for 12.1% of non-elderly residents statewide, 23.7% of non-elderly FR/NB residents are covered by Medicaid.

Age. FR/NB residents are significantly more likely to be uninsured (9.2%) than residents statewide (5.9%). FR/NB adults ages 19 to 39 have the highest percent of uninsured (18.9%), one and a half

times higher than the state rate of 11.3% for that age group (see Figure 1). FR/NB also has a higher percent of uninsured children (5.0%) than the statewide rate of 3.0%.

Income. Uninsured FR/NB residents are far more likely to live in low-income households³ (66.4%) than are uninsured statewide (43.1%). In FR/NB, more uninsured reside in poor households.⁴ Both in households with income between 133% and 200% of the federal poverty level (FPL) and in those with income above 200% of the FPL, FR/NB has a slightly higher rate of uninsured than the state (see Figure 2).

Figure 2
Non-Elderly Uninsured in Fall River/New Bedford within Income Category

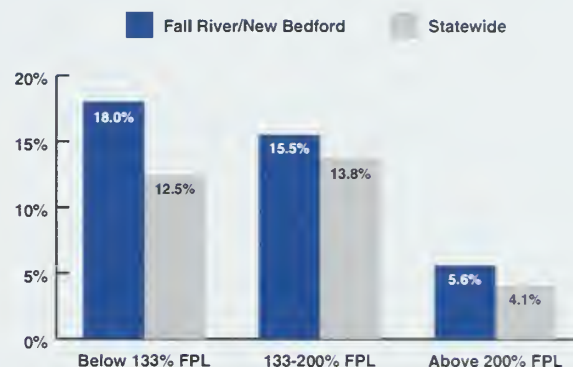
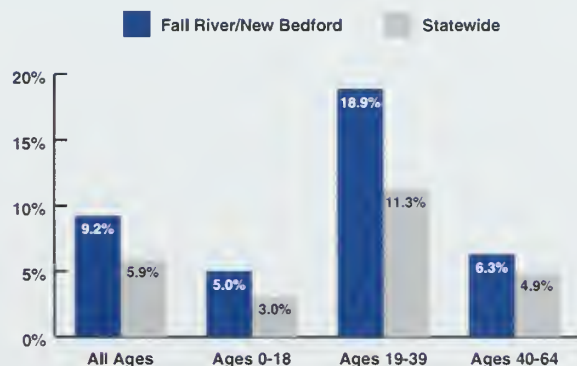


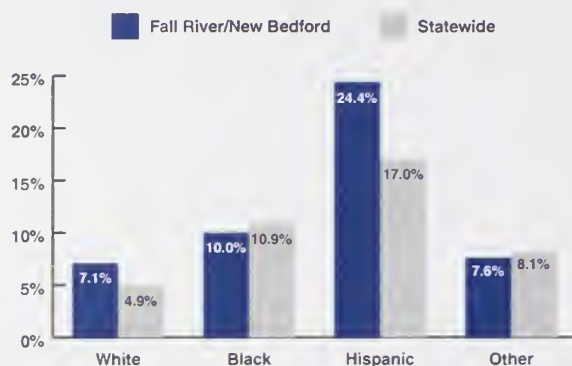
Figure 1
Non-Elderly Uninsured in Fall River/New Bedford within Age Group



Race. Like the statewide trend, Hispanic FR/NB residents have one of the highest rates of uninsurance compared to other racial or ethnic groups in FR/NB. Of notable interest, white residents of FR/NB are more likely to be uninsured than whites statewide, 7.1% versus 4.9% (see Figure 3).

Knowledge of Health Programs. Over 85% of uninsured adults in FR/NB are aware of MassHealth (the Massachusetts Medicaid program), equivalent to statewide awareness (85.8%). The percent of FR/NB residents aware of Healthy Start is also similar to the statewide rate of nearly 25%. In contrast, the Uncompensated Care Pool, commonly known as Free Care, is less recognized in FR/NB than across Massachusetts (34.3% versus 42.5% statewide).

Figure 3
Non-Elderly Uninsured in Fall River/New Bedford
within Racial/Ethnic Category



Employment. The percent of employed uninsured adults in FR/NB (78.9%) is higher than the state rate of 71.7%. Similarly, while 25.4% of uninsured employees in Massachusetts report that they are eligible for health insurance through their employer, in FR/NB the percent is higher (32%). The eligible working uninsured in FR/NB are more likely to work in large firms⁵ than small firms. This is the opposite of the four other urban areas, and the statewide distribution of eligible adults by employer size where 63.1% of all eligible adults work in small firms and only 36.9% work in large firms. Furthermore, while 70% of working uninsured statewide report “cost” as their reason for being uninsured, 54.8% of FR/NB working uninsured report “other” as their reason for being uninsured.⁶

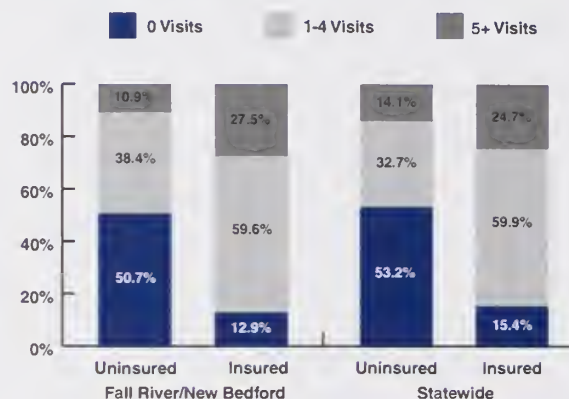
Consistent with statewide trends, working insured in FR/NB are almost one and a half times more likely to work for the same employer for more than a year (86.6%) than are the uninsured (55.9%). The working uninsured in FR/NB are more likely to work part-time than the working insured in FR/NB, 35.1% versus 20%. In addition, FR/NB working uninsured are more likely to work part-time than working uninsured statewide. Although FR/NB working uninsured are more likely to be self-employed than FR/NB working insured, they are less likely to be self-employed than the working uninsured statewide.

Access and Utilization

Unlike state findings, insured adults in FR/NB are just as likely as FR/NB uninsured adults (20%) to rate their own quality of health as fair to poor. But like the state results, uninsured adults in FR/NB are far less likely to utilize health care services such as doctor visits, than are insured adults. A similar rate of uninsured and insured FR/NB adults (about 38%) report having a chronic medical condition lasting three months or more. At the same time, 49% of uninsured FR/NB adults with a chronic illness report that they’ve never visited a doctor for treatment compared to only 5% of insured adults with a chronic illness. Similarly, 78.4% of these uninsured adults have not taken a prescription for their illness compared to only 18.5% of these insured adults.

Like the statewide findings, insured adults are almost twice as likely to visit a doctor as are uninsured adults in FR/NB, 87.1% versus 49.3% (see Figure 4). Consistent with statewide findings, uninsured adults in FR/NB are more likely to use the emergency room than are insured adults, 48.6% versus 35.8%.

Figure 4
Non-Elderly Adults in Fall River/New Bedford
by Insurance Status and Physician Office Utilization



Summary

While uninsured residents of FR/NB have similar characteristics relative to the uninsured statewide, there are some interesting differences. FR/NB, for example, has a higher percent of uninsured whites than the state. Employment characteristics of the uninsured also vary. Most employment characteristics for FR/NB are consistent with the statewide trends. However, working uninsured in FR/NB are more likely to be eligible for health insurance through their employers than are the working uninsured statewide. There is also a greater difference between working uninsured and insured regarding type of employer in FR/NB. Unlike working uninsured statewide, the working uninsured of FR/NB are less likely to be self-employed or work for both an employer and themselves. Highlighting differences and similarities among specific uninsured populations can help guide more targeted outreach and education strategies to help uninsured populations learn about potential health coverage options.

1. Roman, Anthony M. “Survey of Insurance Status 2000 Methodological Report.” Center for Survey Research, University of Massachusetts, Fall River/New Bedford, April 2001. www.state.ma.us/dhcfp/pages/pdf/survmeth.pdf
2. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veteran’s Administration), a group purchaser (i.e., labor union, professional association), and past employers.
3. Low-income households have income at or below 200% of the federal poverty level.
4. Poor households are defined as households with income at or below 133% of the federal poverty level.
5. Small firms are defined as businesses having 49 or less employees and large firms are defined as businesses having 50 or more employees.
6. The DHCFP Health Insurance Status of Massachusetts Residents Survey does not capture specific reasons for not having health insurance beyond “other.”

Health Insurance Status of Lawrence/Lowell Residents

This monograph reports findings on Lawrence/Lowell residents from the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. Differences in health insurance status among Lawrence/Lowell residents and their health related utilization relative to the statewide population are highlighted. The oversample of urban area residents was conducted between July and December 2000. Data were collected on 404 households and 1,132 individuals residing in the Lawrence/Lowell area. The sampling method and survey design replicated the statewide survey, using a computer-generated random list of telephone numbers by specific area code and exchange combinations in Lawrence/Lowell. Survey question responses were weighted to reflect population estimates for Lawrence/Lowell.¹

Source of Insurance. Similar to statewide findings, most Lawrence/Lowell (L/L) residents receive health insurance coverage through their employer² (62.9%). But while Medicaid provides health care coverage for 12.1% of non-elderly residents statewide, 27.3% of non-elderly L/L residents are covered by Medicaid.

Age. L/L residents are significantly more likely to be uninsured (10%) than residents statewide (5.9%). L/L adults ages 19 to 39 have the highest percent of uninsured (13.5%). Similarly, 13% of L/L adults ages 40 to 64 are uninsured, more than two and a half times higher

than the statewide rate of 4.9% (see Figure 1). L/L also has a higher percent of uninsured children (5.2%) than the statewide rate of 3%.

Income. Uninsured residents of L/L are more likely to live in low-income households³ (57.3%) than are uninsured statewide (43.1%). While L/L has a slightly lower rate of uninsured residing in households with income between 133% and 200% of the federal poverty level (FPL), it has a higher rate of uninsured residing in households with income above 200% of the FPL relative to state findings (see Figure 2).

Figure 2
Non-Elderly Uninsured in Lawrence/Lowell within Income Category

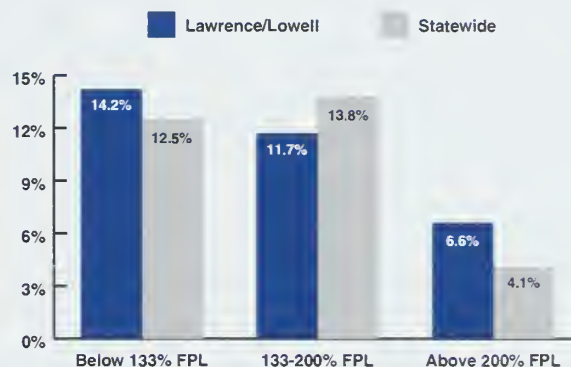
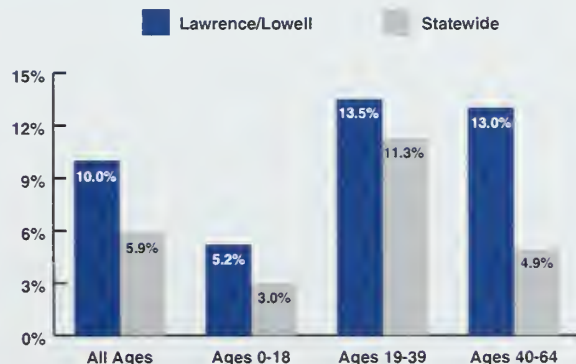


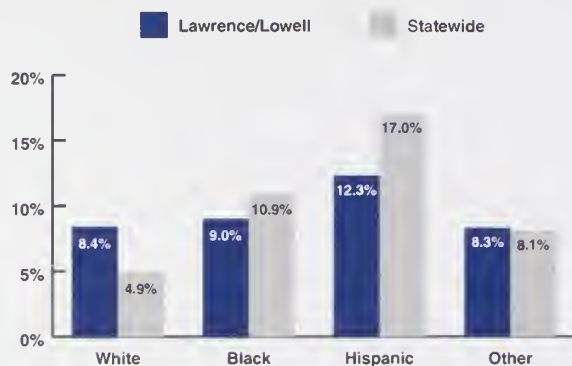
Figure 1
Non-Elderly Uninsured in Lawrence/Lowell within Age Group



Race. Like the statewide trend, Hispanic residents of L/L are more likely to be uninsured than other racial or ethnic groups in L/L. However, relative to the Hispanic uninsured rate of 17% statewide, Hispanics in L/L are less likely to be uninsured (12.3%). Of notable interest, white residents of L/L are nearly twice as likely to be uninsured than whites statewide, 8.4% versus 4.9% (see Figure 3).

Knowledge of Health Programs. Over 92% of uninsured adults in L/L are aware of MassHealth (the Massachusetts Medicaid program). This exceeds the statewide awareness rate (85.8%) and is significantly higher than the awareness rate in the other four urban areas. Similarly, the Uncompensated Care Pool, commonly known as Free Care, is slightly more recognized in L/L than across Massa-

Figure 3
Non-Elderly Uninsured in Lawrence/Lowell
within Racial/Ethnic Category



chusetts, 48.6% versus 42.5% statewide. In contrast, L/L has a lower recognition rate of Healthy Start, 17.2% versus 24.9% statewide.

Employment. The percent of employed uninsured adults in L/L (67.1%) is comparable to the state rate of 71.7%. In contrast, while 25.4% of uninsured employees in Massachusetts report that they are eligible for health insurance through their employer, in L/L the percent is strikingly higher (52.1%). The eligible working uninsured in L/L are just as likely to work in large firms as small firms.⁴ This is slightly different than the statewide distribution where 63.1% of all eligible adults work in small firms and only 36.9% work in large firms. Furthermore, while 70% of working uninsured statewide report “cost” as their reason for being uninsured, 58% of L/L working uninsured report “other” as their reason for being uninsured.⁵

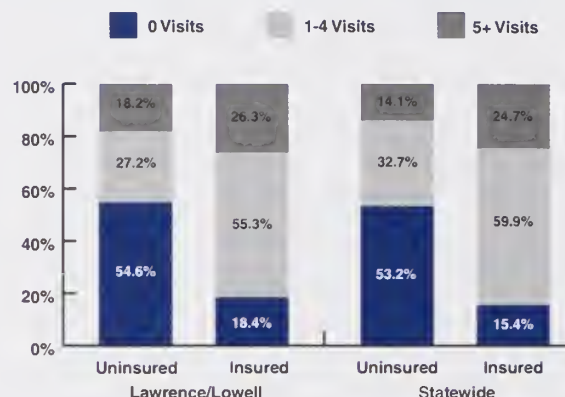
Consistent with statewide trends, working insured in L/L are almost one and a half times more likely to work for the same employer for more than a year (82.6%) than are the working uninsured (51.1%). In contrast to the other four urban areas, however, working uninsured in L/L are almost as likely to work full-time as the working insured and are more likely to work full-time than working uninsured statewide. Although working uninsured in L/L are much more likely to be self-employed than working insured, they are less likely to be self-employed than working uninsured statewide.

Access and Utilization

Consistent with statewide findings, the survey data indicate that uninsured adults in L/L are slightly more likely to rate their own quality of health as fair to poor and are far less likely to utilize health care services such as doctor visits than are insured adults. In L/L, a similar rate of uninsured and insured adults (about 31% each) report having a chronic medical condition lasting three months or more. At the same time, 37.2% of uninsured L/L adults with a chronic illness report that they’ve never visited a doctor for treatment compared to only 6.3% of insured adults with a chronic illness. Similarly, 48.8% of these uninsured adults have not taken a prescription for their illness compared to only 23.9% of these insured adults.

Like the statewide findings, L/L insured adults are almost twice as likely to visit a doctor as are uninsured adults in L/L, 81.6% versus 45.5% (see Figure 4). While the statewide findings suggest uninsured adults are slightly more likely to use the emergency room than insured adults, in L/L there appears to be little difference in ER utilization, 38.5% versus 36%.

Figure 4
Non-Elderly Adults in Lawrence/Lowell
by Insurance Status and Physician Office Utilization



Summary

While uninsured residents of L/L have similar characteristics relative to the uninsured statewide, there are some interesting differences. L/L, for example, has a higher percent of uninsured whites than the state. Employment characteristics of the uninsured also vary. Similar to the statewide findings, the majority of uninsured in L/L are employed. However, working uninsured in L/L are far more likely to be eligible for health insurance through their employers than are working uninsured statewide. In contrast to the statewide results, working uninsured in L/L are only slightly more likely to work part-time than are the working insured. At the same time, working uninsured in L/L are far more likely to be self-employed than working insured in L/L. Highlighting differences and similarities among specific uninsured populations can help guide more targeted outreach and education strategies to help uninsured populations learn about potential health coverage options.

1. Roman, Anthony M. “Survey of Insurance Status 2000 Methodological Report.” Center for Survey Research, University of Massachusetts, Lawrence/Lowell, April 2001. www.state.ma.us/dhcfp/pages/pdf/survmeth.pdf
2. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veteran’s Administration), a group purchaser (i.e., labor union, professional association), and past employers.
3. Low-income households have income at or below 200% of the federal poverty level.
4. Small firms are defined as businesses having 49 or less employees and large firms are defined as businesses having 50 or more employees.
5. The DHCFF Health Insurance Status of Massachusetts Residents Survey does not capture specific reasons for not having health insurance beyond “other.”

Health Insurance Status of Springfield Residents

This monograph reports findings on Springfield residents from the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. Differences in health insurance status among Springfield residents and their health related utilization relative to the statewide population are highlighted. The oversample of urban area residents was conducted between July and December 2000. Data were collected on 426 households and 1,136 individuals residing in the Springfield area. The sampling method and survey design replicated the statewide survey, using a computer-generated random list of telephone numbers by specific area code and exchange combinations in Springfield. Survey question responses were weighted to reflect population estimates for Springfield.¹

Source of Insurance. Similar to statewide findings, most Springfield residents receive health insurance coverage through their employer² (73.3%). But while Medicaid provides health care coverage for 12.1% of non-elderly residents statewide, 24.3% of non-elderly Springfield residents are covered by Medicaid.

Age. Springfield residents are almost one and a half times more likely to be uninsured (8.4%) than residents statewide (5.9%). Springfield adults ages 19 to 39 have the highest percent of uninsured, 15.9% (see Figure 1). Although Springfield has a slightly higher percent of

uninsured children (3.8%) than the statewide rate of 3%, it has one of the lowest rates of uninsured children among the five urban areas.

Income. Uninsured Springfield residents are more likely to live in low-income households³ (64.1%) than are the uninsured statewide (43.1%). Relative to the state, Springfield has a slightly higher rate of uninsured residing in poor households,⁴ as well as in households with income above 200% of the federal poverty level (see Figure 2).

Figure 2
Non-Elderly Uninsured in Springfield
within Income Category

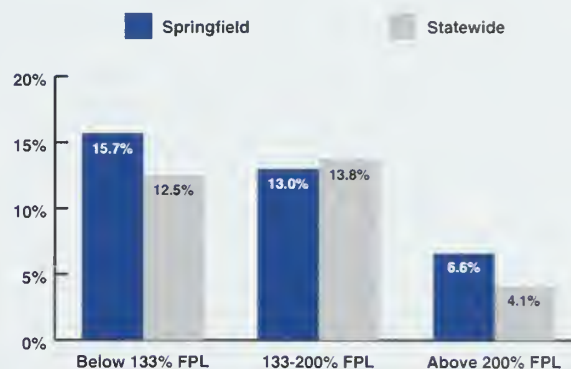
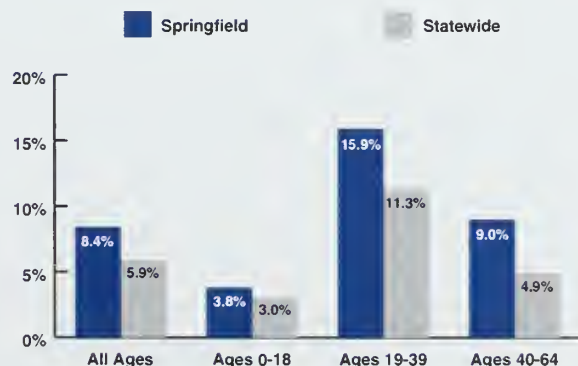


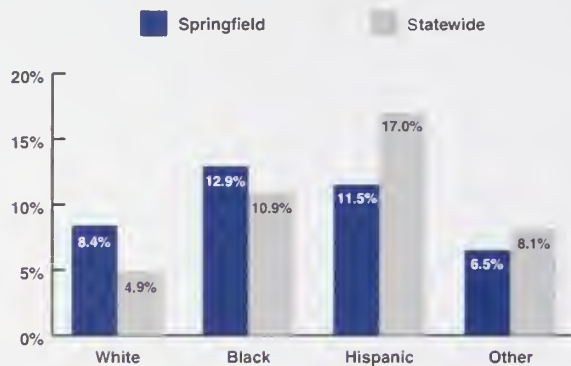
Figure 1
Non-Elderly Uninsured in Springfield
within Age Group



Race. Unlike the statewide results, black residents of Springfield are more likely to be uninsured than other racial or ethnic groups in Springfield. Relative to the statewide rate of uninsured blacks (10.9%), there are slightly more uninsured blacks in Springfield (12.9%). More notably, white residents of Springfield are much more likely to be uninsured than are whites statewide, 8.4% versus 4.9%. Hispanics in Springfield are less likely to be uninsured, 11.5% versus 17% statewide (see Figure 3).

Knowledge of Health Programs. Over 88% of uninsured adults in Springfield are aware of MassHealth (the Massachusetts Medicaid program), slightly higher than the statewide awareness rate of 85.8%. In contrast, the Uncompensated Care Pool, commonly known as Free Care, is far less recognized in Springfield than across Massachusetts, 24.2% versus 42.5% statewide. The recognition rate of Healthy Start,

Figure 3
Non-Elderly Uninsured in Springfield
within Racial/Ethnic Category



however, is notably higher in Springfield (33.3%) compared to the statewide recognition rate of 24.9% for this program.

Employment. The percent of employed uninsured adults in Springfield (68.5%) is comparable to the state rate of 71.7%. The percent of working uninsured in Springfield who report that they are eligible for health insurance through their employer (24.4%) is also similar to the state (25.4%). Eligible working uninsured in Springfield are more likely to work in small firms⁵ (65%) than large firms (35%). This is similar to the statewide distribution where 63.1% of eligible adults work in small firms and only 36.9% work in large firms. In contrast, while 70% of working uninsured statewide report “cost” as their reason for being uninsured, 68.2% of Springfield working uninsured report “other” as their reason for being uninsured.⁶

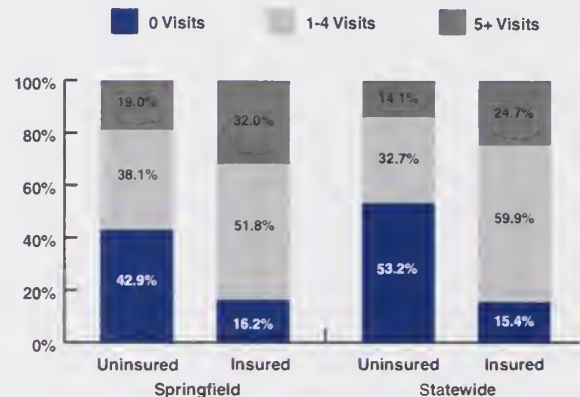
Consistent with statewide trends, working insured in Springfield are almost one and a half times more likely to work for the same employer for more than a year (81%) than are the working uninsured (53.2%). Working uninsured in Springfield are more likely to work part-time than the working insured, 34.4% versus 20.9%. In addition, working uninsured in Springfield are more likely to work part-time than working uninsured statewide. Although working uninsured in Springfield are much more likely to be self-employed than the working insured in Springfield, they are much less likely to be self-employed than working uninsured statewide.

Access and Utilization

Unlike state findings, Springfield uninsured and insured adults are equally likely to rate their quality of health as fair to poor. Yet, like state findings, uninsured adults in Springfield are less likely than insured adults to utilize health care services such as doctor visits. In Springfield, a similar rate of uninsured and insured adults (30.2% and 33.4%) report having a chronic medical condition lasting three months or more, but 34.2% of Springfield uninsured adults report that they’ve never visited a doctor for treatment versus just 3.4% of insured adults with a chronic illness. Similarly, 52.6% of these uninsured adults have not taken a prescription for their illness compared to only 11.4% of these insured adults.

In Springfield, the disparity in utilization between insured and uninsured adults is smaller than differences statewide. While insured adults statewide are nearly twice as likely to visit a doctor as are uninsured adults, insured adults in Springfield are about one and a half times more likely to visit a doctor than are uninsured adults, 83.8% versus 57.1% (see Figure 4). While statewide findings suggest uninsured adults are

Figure 4
Non-Elderly Adults in Springfield
by Insurance Status and Physician Office Utilization



slightly more likely to use the emergency room, insured adults in Springfield actually report more visits to the ER in the past year compared with uninsured adults, 37.9% versus 33.3%.

Summary

Uninsured residents of Springfield have similar characteristics relative to the uninsured statewide. However, there are some interesting differences. In Springfield, the black and white populations are more likely to be uninsured than their counterparts statewide. Although working uninsured in Springfield share many characteristics with the working uninsured statewide, Springfield working uninsured are much less likely to be self-employed. Highlighting differences and similarities among specific uninsured populations can help guide more targeted outreach and education strategies to help uninsured populations learn about potential health coverage options.

1. Roman, Anthony M. “Survey of Insurance Status 2000 Methodological Report.” Center for Survey Research, University of Massachusetts, Springfield, April 2001. www.state.ma.us/dhcfp/pages/pdf/survrmeth.pdf
2. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veteran’s Administration), a group purchaser (i.e., labor union, professional association), and past employers.
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4. Poor households are defined as households with income at or below 133% of the federal poverty level.
5. Small firms are defined as businesses having 49 or less employees and large firms are defined as businesses having 50 or more employees.
6. The DHCFP Health Insurance Status of Massachusetts Residents Survey does not capture specific reasons for not having health insurance beyond “other.”

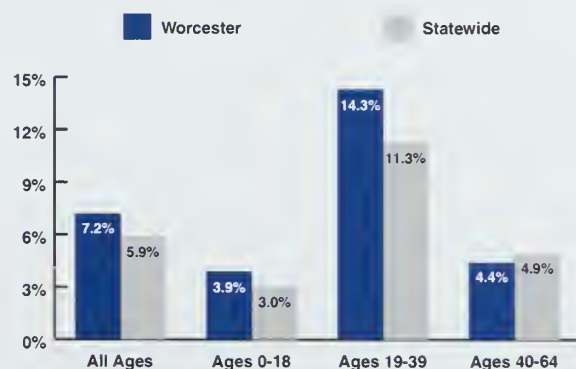
Health Insurance Status of Worcester Residents

This monograph reports findings on Worcester residents from the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. Differences in health insurance status among Worcester residents and their health related utilization relative to the statewide population are highlighted. The oversample of urban area residents was conducted between July and December 2000. Data were collected on 461 households and 1,188 individuals residing in the Worcester area. The sampling method and survey design replicated the statewide survey, using a computer-generated random list of telephone numbers by specific area code and exchange combinations in Worcester. Survey question responses were weighted to reflect population estimates for Worcester.¹

Source of Insurance. Similar to statewide findings, most Worcester residents receive health insurance coverage through their employer² (76.7%). But while Medicaid provides health care coverage for 12.1% of non-elderly residents statewide, 18.2% of non-elderly Worcester residents are covered by Medicaid.

Age. More than 7% of Worcester residents are uninsured. While higher than the state rate of 5.9%, Worcester has the lowest uninsured rate of the five urban areas sampled. Worcester adults ages 19 to 39 are the most likely to be uninsured, 14.3% (see Figure 1). Although

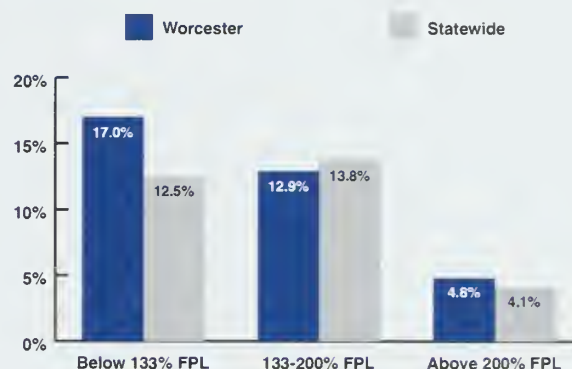
Figure 1
Non-Elderly Uninsured in Worcester within Age Group



Worcester has a slightly higher percent of uninsured children (3.9%) than the state rate of 3%, it has one of the lowest rates of uninsured children among the five urban areas.

Income. Uninsured Worcester residents are more likely to live in low-income households³ (50.9%) than are the uninsured statewide (43.1%). Compared to state results, Worcester has a higher rate of uninsured residing in poor households,⁴ but a similar rate of uninsured residing in households with income between 133% and 200% of the federal poverty level (see Figure 2).

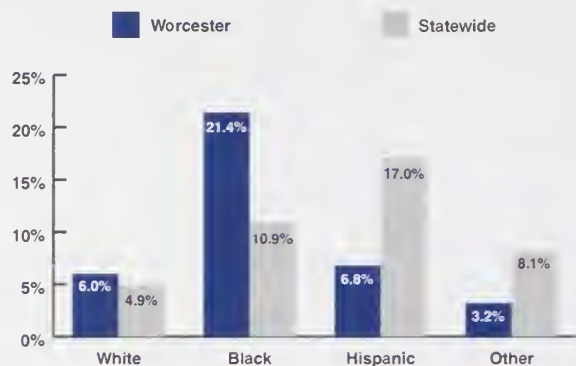
Figure 2
Non-Elderly Uninsured in Worcester within Income Category



Race. Unlike state results, black residents of Worcester are more likely to be uninsured than other racial or ethnic groups in Worcester. Relative to the statewide rate of uninsured blacks (10.9%), blacks in Worcester are almost twice as likely to be uninsured (21.4%). Equally notable, Worcester Hispanics are much less likely to be uninsured (6.8%) than Hispanics statewide, 17% (see Figure 3).

Knowledge of Health Programs. Over 79% of uninsured adults in Worcester are aware of MassHealth (the Massachusetts Medicaid program), compared to 85.8% awareness among uninsured adults statewide. Similarly, the Uncompensated Care Pool, commonly known as Free Care, is nearly as recognized in Worcester (39%) as it is across Massachusetts, 42.5%.

Figure 3
Non-Elderly Uninsured in Worcester
within Racial/Ethnic Category



Employment. The percent of employed uninsured adults in Worcester (76.5%) is higher than the state rate of 71.7%. Similarly, while 25.4% of working uninsured in Massachusetts report that they are eligible for health insurance through their employer, a higher rate of working uninsured in Worcester (36.8%) report that they are eligible. As with state findings, however, the eligible working uninsured in Worcester are more likely to work in small firms (61.5%) than large firms (38.5%). In Worcester, only 46.1% of working uninsured report “cost” as their primary reason for being uninsured compared with 70% statewide. In contrast, most working uninsured in Worcester (53.9%) report “other” as their reason for being uninsured.⁶

Consistent with statewide trends, working insured in Worcester are almost one and a half times more likely to work for the same employer for more than a year (82.9%) than are the working uninsured (59%). The working uninsured in Worcester are far more likely to work part-time than the working insured (45% versus 15.7%). Although working uninsured in Worcester are more likely to be self-employed than the working insured, they are less likely to be self-employed than working uninsured statewide.

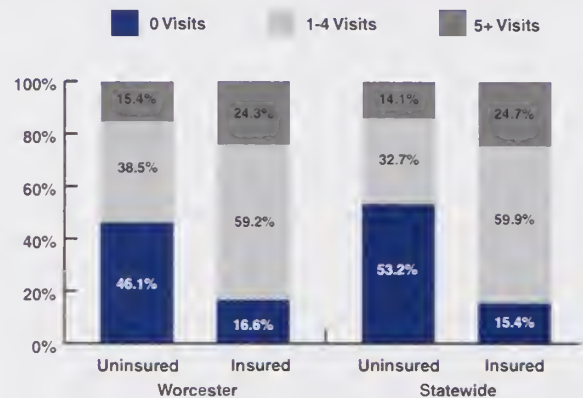
Access and Utilization

Consistent with statewide findings, the survey data indicate that uninsured adults in Worcester are more likely to rate their own quality of health as fair to poor and are less likely to utilize health care services such as doctor visits, than are insured adults. While similar rates (about 30%) of uninsured and insured adults in Worcester report having a chronic medical condition lasting three months or more, 21.8% of uninsured adults report that they’ve never visited a doctor for treatment compared to only 4.7% of insured adults with a chronic illness. Similarly, 50% of these uninsured adults have not taken a prescription for their illness compared to only 21.5% of these insured adults.

In Worcester, the disparity in utilization between insured and uninsured adults is smaller than it is statewide. While insured adults statewide are almost twice as likely to visit a doctor as are uninsured adults, insured adults in Worcester are one and a half times

more likely to visit a doctor than are uninsured adults, 83.4% versus 53.9% (see Figure 4). As with statewide findings, uninsured adults in Worcester are more likely to visit the emergency room than are insured adults, 38.5% versus 26.3%.

Figure 4
Non-Elderly Adults in Worcester
by Insurance Status and Physician Office Utilization



Summary

While uninsured residents of Worcester have similar characteristics relative to the uninsured statewide, there are also some interesting differences. In Worcester, the black population is more likely to be uninsured and the Hispanic population is less likely to be uninsured than are their counterparts statewide. Employment characteristics of the uninsured also vary. Similar to statewide findings, the majority of uninsured in Worcester are employed. However, the working uninsured in Worcester are more likely to be eligible for health insurance through their employers than are working uninsured statewide. Furthermore, working uninsured in Worcester are far less likely to work full-time than are the working insured. Highlighting differences and similarities among specific uninsured populations can help guide more targeted outreach and education strategies to help uninsured populations learn about potential health coverage options.

1. Roman, Anthony M. “Survey of Insurance Status 2000 Methodological Report.” Center for Survey Research, University of Massachusetts, Worcester, April 2001. www.state.ma.us/dhcfp/pages/pdf/survmeth.pdf
2. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veteran’s Administration), a group purchaser (i.e., labor union, professional association), and past employers.
3. Low-income households have income at or below 200% of the federal poverty level.
4. Poor households are defined as households with income at or below 133% of the federal poverty level.
5. Small firms are defined as businesses having 49 or less employees and large firms are defined as businesses having 50 or more employees.
6. The DHCFP Health Insurance Status of Massachusetts Residents Survey does not capture specific reasons for not having health insurance beyond “other.”

However, the percent of working uninsured adults employed by small firms and eligible for health insurance through their employers varies by urban area. Springfield and Worcester, for example, have the highest rates of working uninsured (65% and 61.5%) who report that they are eligible for coverage through their small firm employer. In contrast to the 70% of working uninsured statewide who report "cost" as their reason for being uninsured, more than half of the working uninsured in each urban area cite "other" as their reason for being uninsured.⁷ Springfield has the highest rate of working uninsured (68.2%) citing "other."

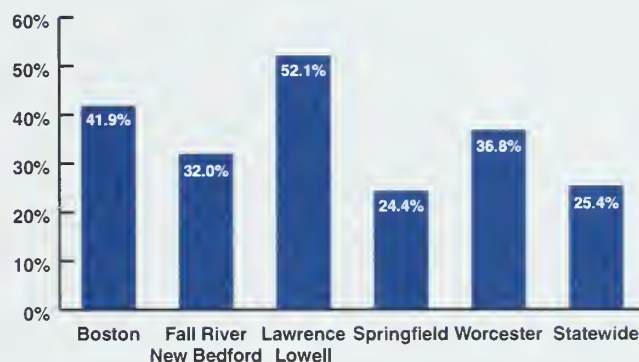
Access and Utilization

While health insurance coverage does not ensure better quality of health, it is highly correlated with access to health care and better health status. Consistent with past research, the data from four of the five urban area samples indicate that uninsured adults are more likely to rate their own quality of health as fair to poor and are less likely to visit the doctor, than are insured adults. In three of the five urban areas, uninsured adults are more likely to report their health as fair to poor. In Springfield and Fall River/New Bedford, however, uninsured and insured adults report fair to poor health at similar rates. In Boston and Worcester, the uninsured are 50% more likely than the insured to report fair to poor health.

Figure 10
Working Uninsured by Firm Size, Ages 19-64

	< 50 Employees	50+ Employees
Boston	65.0%	35.0%
Fall River/New Bedford	48.6%	51.4%
Lawrence/Lowell	62.3%	37.7%
Springfield	60.7%	39.3%
Worcester	54.2%	45.8%
Statewide	76.8%	23.2%

Figure 11
Working Uninsured Adults (Ages 19-64)
Eligible for Employer Sponsored Health Insurance



(35.8%), the percent of uninsured adults using the ER is notably higher (see Figure 12 on page 6).

The percent of uninsured and insured adults who report having a chronic medical condition is similar in three of the urban areas. In Boston, more uninsured adults than insured adults (35.4% versus 27.2%) report having a chronic medical condition lasting three months or more and in Springfield fewer uninsured adults report chronic illness than do insured adults (30.2% versus 33.4%). Despite similar rates of chronically ill insured and uninsured adults, uninsured adults in each area were far less likely to make visits to the doctor for a particular condition than were insured adults. Additionally, 50% or more of chronically ill uninsured adults in each urban area compared to only 24% or less of

Similar to utilization trends statewide, in Fall River/New Bedford, Lawrence/Lowell and Worcester, insured adults are almost twice as likely as uninsured adults to visit a doctor. In Boston and Springfield, however, the difference narrows, with insured adults almost one and a half times more likely to visit a doctor than uninsured adults. While only a small percent of all adults visited the emergency room (ER) in the last year, the uninsured adults in every urban area, except Springfield, are more likely than insured adults to make one or more ER visits. In Fall River/New Bedford, while the percent of insured adults visiting the ER is consistent with the other four urban areas

Figure 3
Non-Elderly Uninsured by Income

	Below 200% FPL	Above 200% FPL
Boston	58.1%	41.9%
Fall River/New Bedford	66.4%	33.6%
Lawrence/Lowell	57.3%	42.7%
Springfield	64.0%	36.0%
Worcester	50.9%	49.2%
Statewide	43.1%	56.9%

Figure 4
Non-Elderly Uninsured within an Income Category

	Below 133% FPL	133-200% FPL	Above 200% FPL
Boston	11.3%	13.6%	3.9%
Fall River/New Bedford	18.0%	15.5%	5.6%
Lawrence/Lowell	14.2%	11.7%	6.6%
Springfield	15.7%	13.0%	6.6%
Worcester	17.0%	12.9%	4.8%
Statewide	12.5%	13.8%	4.1%

Figure 5
Program Awareness
Among Non-Elderly Uninsured Adults

	MassHealth	Free Care
Boston	80.2%	62.8%
Fall River/New Bedford	85.9%	34.3%
Lawrence/Lowell	92.8%	48.6%
Springfield	88.1%	24.2%
Worcester	79.3%	39.2%
Statewide	85.8%	42.5%

Boston, poor households⁴ have a disproportionately larger percentage of uninsured (see Figure 4). Fall River/New Bedford and Worcester have the highest rates of uninsured residing in

Figure 6
Working Uninsured by Type of Employment,
Ages 19-64

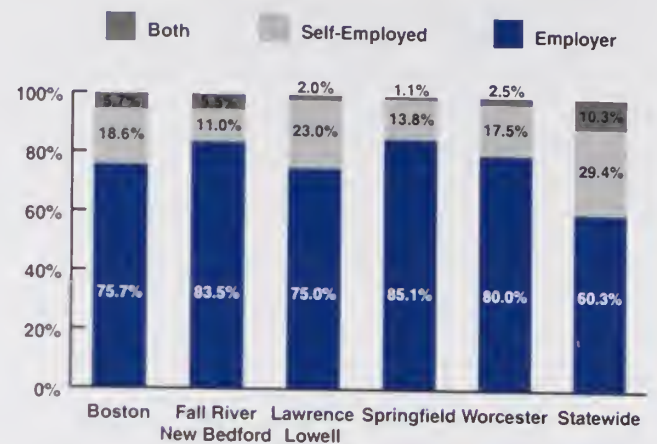
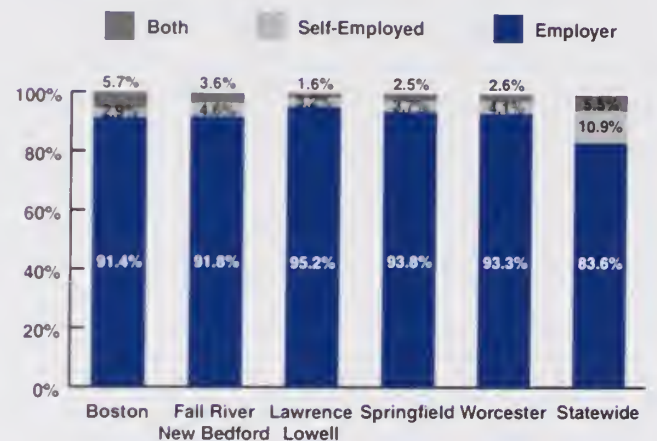


Figure 7
Working Insured by Type of Employment,
Ages 19-64



poor households. Near-poor households⁵ in Fall River/New Bedford have the highest percent of uninsured (15.5%) compared to near-poor households in the other four urban areas. Among poor households, Boston has the lowest percent of uninsured. Boston also has the lowest percent of uninsured among households with income above 200% of the federal poverty level (FPL). In households with income above 200% of the FPL, Lawrence/Lowell and Springfield have a disproportionate percent of uninsured (6.6% each).

Race. Overall, Hispanics are more likely to be uninsured than other racial or ethnic groups. Compared to Hispanics

residing in the other urban areas, Hispanics in Fall River/New Bedford are more likely to be uninsured (24.4%) and in Worcester they are less likely to be uninsured (6.8%).

Knowledge of Health Programs. Over the past few years, MassHealth (the Massachusetts Medicaid program) has increased outreach efforts, resulting in greater enrollment. Another positive result of these efforts is indicated in the high recognition rate of the MassHealth program among the uninsured in all five urban areas. MassHealth name recognition varies between 80% and 93% awareness across the urban areas. By contrast, much more variability is seen in the awareness level of the Uncompensated Care Pool, commonly known as Free Care. Among the five urban areas, awareness of Free Care ranges from a high of 62.8% in Boston to a low of 24.2% in Springfield (see Figure 5 on page 3).

Employment. Employment trends among uninsured individuals in the five urban areas are similar to statewide trends. The majority of uninsured adults in the five areas are employed. They are also more likely to be self-employed, less likely to work for an employer for over a year, and less likely to work full-time⁶ than their working insured counterparts (see Figures 6 and 7 on page 3). On average, the working uninsured in these

areas are two and a half times more likely to work for an employer less than a year than are the working insured. Most part-time uninsured in these areas work between 20 and 39 hours per week.

In the five urban areas, an average of 82% of working insured are employed full-time, compared to an average of 65% of working uninsured. Lawrence/Lowell has the largest percent of uninsured individuals working full-time (79.4%), only slightly less than the insured population. In contrast, only 55% of Worcester's uninsured work full-time, compared to over 84%

of its insured population (see Figures 8 and 9).

Unlike the large disparity in statewide results between the percent of uninsured working in small firms (76.8%) versus large firms (23.2%), there is less disparity among uninsured in the five urban areas, with the Fall River/New Bedford and Worcester areas showing the smallest differences (see Figure 10 on page 5).

The rate of working uninsured adults who report that they are eligible for health insurance through work is notably higher in most of the urban areas than the statewide rate of 25%. Forty-two percent of working uninsured individuals in Boston and 52.1% of working uninsured in Lawrence/Lowell report that they are eligible for health insurance through work (see Figure 11 on page 5).

Figure 8
Working Uninsured by Hours Worked per Week, Ages 19-64

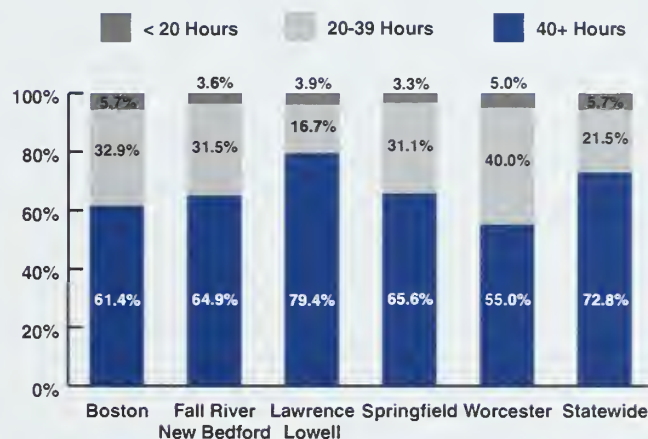


Figure 9
Working Insured by Hours Worked per Week, Ages 19-64

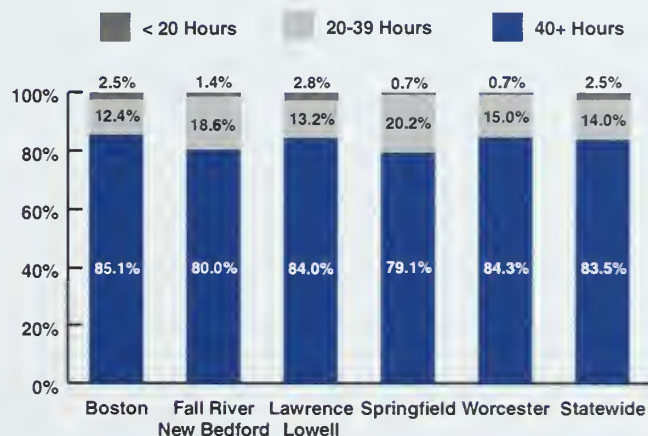


Figure 12
Non-Elderly Adults by Insurance Status
and Emergency Room Utilization

	Uninsured		Insured	
	0 Visits	1+ Visits	0 Visits	1+ Visits
Boston	68.8%	31.2%	71.6%	28.4%
Fall River/New Bedford	51.4%	48.6%	64.2%	35.8%
Lawrence/Lowell	61.5%	38.5%	64.1%	35.9%
Springfield	66.7%	33.3%	62.1%	37.9%
Worcester	61.5%	38.5%	73.6%	26.4%
Statewide	67.8%	32.2%	74.7%	25.3%

Figure 13
Adults Not Seeking Care for Chronic Condition
by Type of Care and Insurance Status

	Uninsured			Insured		
	Have Chronic Illness	No Doctor Visits	No Prescriptions	Have Chronic Illness	No Doctor Visits	No Prescriptions
Boston	35.4%	41.1%	58.8%	27.2%	2.8%	15.9%
Fall River/ New Bedford	37.5%	49.0%	78.4%	38.4%	5.0%	18.5%
Lawrence/ Lowell	31.4%	37.2%	48.8%	30.7%	6.3%	23.9%
Springfield	30.2%	34.2%	52.6%	33.4%	3.4%	11.4%
Worcester	30.2%	21.8%	50.0%	30.9%	4.7%	21.5%
Statewide	23.9%	40.6%	57.0%	29.2%	6.2%	22.0%

insured adults, report that they have not taken a prescription for their condition in the past three months. Fall River/New Bedford has the highest percent of chronically ill uninsured adults who have not seen a doctor (49%) or taken a prescription (78.4%) for their condition (see Figure 13).

Conclusion

These urban area survey results indicate that non-elderly adults continue to represent the largest number of uninsured, especially young adults, ages 19 to 39. While the uninsured share similar characteristics across urban areas—income, age and race characteristics—differences also exist. Since the remaining uninsured are likely to be more difficult to reach, different characteristics of the uninsured such as those surrounding employment and access to health care, help identify barriers to insurance at the local level and may better inform policy makers and health care delivery systems on where best to target outreach efforts.

1. See the Division of Health Care Finance and Policy (DHCFP) web site (www.state.ma.us/dhcfp) for other *Access Update* monographs.
2. Low-income households have income at or below 200% of the federal poverty level.
3. Employers providing health insurance coverage include coverage provided by the military (i.e., Champus or Veteran's Administration), a group purchaser (i.e., labor union, professional association), and past employers.
4. Poor households have income below 133% of the federal poverty level.
5. Near-poor households have income between 133% and 150% of the federal poverty level.
6. Full-time employment is defined as an employee who works forty or more hours per week.
7. The DHCFP Health Insurance Status of Massachusetts Residents Survey does not capture specific reasons for not having health insurance beyond "other."

Access Update

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Long-Term Uninsured Adults in Massachusetts

This publication is the fifth in a series of monographs based on the results of the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. This series is also available on our web site: www.mass.gov/dhcfp.

Uninsured adults tend to encounter more barriers to preventive services and treatment of chronic illnesses than to acute care. A number of studies have documented that uninsured adults are more likely than insured adults to report poor health or to delay seeking medical care. Studies have also examined the duration of time without health insurance. One recent national study found that long-term uninsured adults reported more unmet health needs than insured adults. This study, using data from the Behavioral Risk Factor Surveillance System (BRFSS) also found that two thirds of uninsured adults were uninsured for one year or longer.¹

Massachusetts specific data from the 2000 BRFSS suggest a pattern of proportionately more long-term uninsured with increasing age.² For example, 21.3% of uninsured adults ages 18-34 report a lack of health insurance coverage for two or more years, while over 75% of uninsured adults ages 35-64 report a lack of health insurance coverage for two or more years.³

Previous monographs in this series describe the Massachusetts uninsured population, without addressing the duration of time without coverage. This monograph compares the characteristics of short-term and long-term uninsured non-elderly adults. Long-term uninsured are defined as residents who reported that they never had health insurance or were without coverage for more than a year.

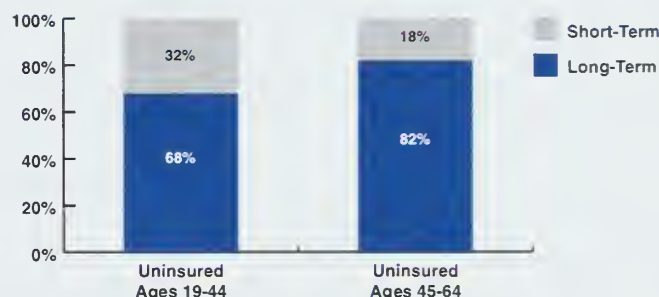
Key Findings

- Uninsured non-elderly adults are more than twice as likely to be long-term uninsured (70.4%) as short-term uninsured (29.6%).

- Nearly 30% of uninsured non-elderly adults report that they never had health insurance, most of these adults (86%) are under age 45.
- Although the majority of uninsured adults are ages 19-44, this age group is less likely to be long-term uninsured than adults ages 45-64 (see Figure 1).

Figure 1

Percent of
Uninsured Non-Elderly Adults by Duration and Age



- Males are more likely to be long-term uninsured than females.
- Nearly one quarter of long-term uninsured adults report that they reside in very low-income households (less than 134% of the federal poverty level).
- Most of the long-term uninsured work (76.8%) with the majority employed by small firms (81.7%).
- More than two-thirds of the long-term uninsured working for small firms report that they are not eligible for health insurance coverage through their employer.
- Long-term uninsured adults are much less likely to report receiving care when needed than short-term uninsured adults.

Methodology

In 1998 and 2000 the Division of Health Care Finance and Policy conducted two state-sponsored surveys to identify characteristics of the uninsured and underinsured populations in Massachusetts. Each survey was conducted between February and July. Survey samples were drawn from a computer-generated random list of telephone numbers distributed among five regional areas of the Commonwealth. Survey questionnaires were available in both English and Spanish. Responses were weighted to reflect population estimates. The analysis presented in this monograph is based on combined data from both surveys. For the 1998 survey, long-term uninsured are residents who reported that they were without coverage prior to January 1997. For the 2000 survey, long-term uninsured are residents who reported that they were without coverage prior to January 1999.

Demographics

Age. While more than 60% of uninsured adults ages 19 to 24 are long-term uninsured, they have the lowest proportion of long-term uninsurance among the five non-elderly adult age groups shown in Figures 2 and 3. Adults ages 45-54 are the most likely to be long-term uninsured (84.3%). The percent of long-term uninsured among all uninsured non-elderly adults was 2.4 times the short-term percent, 70.4% versus 29.6% (see Figure 2).

Figure 2
Percent of Uninsured Non-Elderly Adults
by Duration and Age Group

Age Group	Percent by Duration of Uninsurance		Percent within Age Group	
	short-term	long-term	short-term	long-term
19-24	30.6%	19.7%	39.5%	60.5%
25-34	33.6%	30.7%	31.5%	68.5%
35-44	24.7%	27.6%	27.3%	72.7%
45-54	7.2%	16.2%	15.7%	84.3%
55-64	4.0%	5.9%	22.4%	77.6%
Total	100.0%	100.0%	29.6%	70.4%

On average, long-term uninsured residents are older than short-term uninsured residents (age 36 versus just under age 32). One-third of the short-term uninsured are ages 25-34, as are nearly one-third of the long-term uninsured. The oldest uninsured non-elderly adults (ages 55-64) account for the

smallest proportions of both total short-term uninsured (4%) and total long-term uninsured (5.9%).

Sex. The long-term uninsured population is 1.6 times more likely to be male than female (61.2% versus 38.8%). The short-term uninsured is evenly split by gender. On average, the long-term uninsured female population is older than the long-term uninsured male population (age 38 versus age 35). Most long-term uninsured males are ages 19-44 (83.8%) compared with 68.7% of long-term uninsured females. In addition, 31.3% of the long-term uninsured females are ages 45-64 compared with 16.1% of long-term uninsured males (see Figure 3).

Figure 3
Distribution of Uninsured Non-Elderly Adults
by Gender, Age and Duration

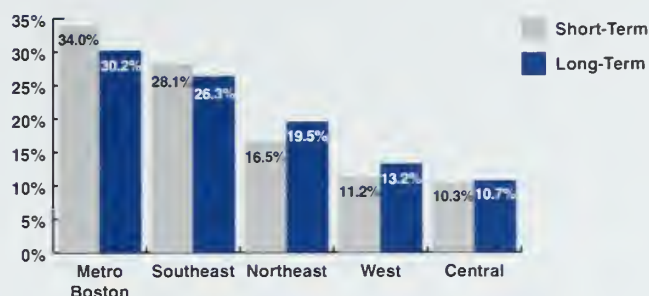
Age Group	Percent of Uninsured Men		Percent of Uninsured Women	
	short-term	long-term	short-term	long-term
19-24	30.2%	21.1%	31.0%	17.4%
25-34	35.3%	34.7%	31.8%	24.4%
35-44	22.7%	28.0%	26.7%	27.0%
45-54	7.2%	11.1%	7.1%	24.1%
55-64	4.7%	5.0%	3.4%	7.2%
Total	100%	100%	100%	100%

Geographic Distribution. The distribution of the long and short-term uninsured among the five geographic regions of Massachusetts is consistent with the proportion of the state population represented by each region. Most of the uninsured reside in the Metro Boston and the Southeast regions. Together, these two regions are home to 62.1% of the short-term uninsured and 56.5% of the long-term uninsured. Just over 10% of Massachusetts uninsured adults live in the Central region (see Figure 4).

Race/Ethnicity. Most long-term and short-term uninsured non-elderly adults are white non-Hispanic residents, about three quarters in both cases. While just 4.2% of the long-term uninsured adults are black, 13.5% are Hispanic. Just over 70% of white uninsured adults and 80.5% of uninsured Hispanic adults are long-term uninsured, but less than half of uninsured black adults (45%) are long-term uninsured.

Income. The long-term uninsured are as likely to live in low-income households (200% or less of the federal poverty level (FPL)), as in higher income households (greater than

Figure 4
Percent of Uninsured Non-Elderly Adults
by Region and Duration



200% of the FPL). However, more of the short-term uninsured report residing in higher income households (63.5%) and fewer residing in lower income households (36.5%). This difference is primarily due to the fact that nearly one quarter of the long-term uninsured report living in households earning less than 134% of the FPL, compared to just 8.1% of the short-term uninsured (see Figure 5).

Figure 5
Percent of Uninsured Non-Elderly Adults
by Duration and Income



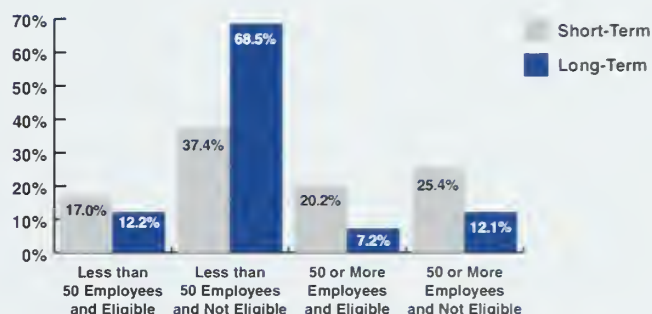
Employment. Although most uninsured non-elderly adults are employed, the long-term uninsured are more likely to be employed than the short-term uninsured (76.8% versus 66.4%). It is interesting to note that the majority of the long-term uninsured adults with jobs (81.7%) are employed at small firms (fewer than 50 employees); the employed short-term uninsured are more evenly divided between small and large firms (55.9% and 44.1%).

The long-term uninsured are evenly distributed among people with less than a year, 1-5 years, and six or more years

of job tenure (32.9%, 39.3%, 27.8%). However, the short-term uninsured include a higher percent of those working for less than a year (59.5%), and a lower percent of those working for six or more years (10.2%), with the remainder having 1-5 years of job tenure (30.3%).

Large proportions of both the long and short-term uninsured who are employed report that they are not eligible for health insurance through work, 78.3% of the long-term uninsured and 63% of the short-term uninsured. More than two-thirds (68.5%) of the long-term uninsured consist of employees from small firms who are not eligible for health insurance through their employers (see Figure 6).

Figure 6
Percent of Uninsured Non-Elderly Adults
by Duration, Firm Size and Eligibility



Health and Health Care

There were no reported differences in health status. Most long and short-term uninsured non-elderly residents report that they are in good to excellent health (90% and 91%), similar to insured residents (91.8%). Equal proportions of long and short-term uninsured fill their prescriptions some or none of the time (20%), again similar to insured residents (22%).

Long-term uninsured are less likely to report a chronic condition lasting three or more months than the short-term uninsured (21.4% versus 29.7%). Short-term uninsured residents are more similar to the insured residents (30.1%).

Long-term uninsured residents are less likely to report that they received needed care "always" or "usually" than short-term uninsured residents (44.2% versus 69%). Nearly all insured residents (93.2%) report that they always or usually receive needed care.

The long-term uninsured are much less likely than short-term uninsured to receive free care (15.1% versus 26.7%) for



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their last health care visit and are more likely to pay out-of-pocket than the short-term uninsured (64.5% versus 53.2%).

Conclusion

It is important to look more closely at long-term uninsured adults since they make up a large portion of the remaining uninsured population in Massachusetts. Most of these adults work, which is not surprising given the recent Medicaid expansion to low-income, long-term unemployed individuals (MassHealth Basic) in 1998. They are, however, more likely to work for small firms and less likely to be eligible for coverage through their workplace. They are somewhat older than the short-term uninsured, more likely to be male, and more likely to be low income (200% or below the FPL). In addition, these long-term uninsured adults have a lower probability of receiving needed care and of receiving free care.

Many questions remain unanswered. How do the long-term uninsured get the health care services they need? Do they and

their employers know about the Insurance Partnership Program, a private-public subsidy program for small employers and low-income workers who are self-employed or working for small employers? Are health insurance costs too high for this population even with a subsidy? Do the products offered on the market meet their needs? Descriptive data highlighted in this report and other research may help policy makers think about how to best meet the health care and insurance needs of the large number of our uninsured who are without insurance for a year or more.

1. Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zaslavsky AM, "Unmet health needs of uninsured adults in the United States." *JAMA*. 2000;284:2061-2069.
2. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System web site. Available at <http://www.cdc.gov/nccdphp/brfss>.
3. Ayanian et al found an overall non-elderly adult uninsured rate of 14% of which 9.7% were long-term and 4.3% were short-term in duration of uninsurance.

Health Insurance Status of Massachusetts Urban Area Residents

This publication is the first in a series of monographs based on the results of the Division of Health Care Finance and Policy's 2002 Health Insurance Status of Massachusetts Residents Survey. This series is also available on our web site: www.mass.gov/dhcfp.

In January 2003, the Massachusetts Division of Health Care Finance and Policy (DHCFP) released statewide uninsured rates for children and adults based on the 2002 survey.¹ At the local level, interest is frequently expressed for more specific health insurance coverage information to help identify local differences between the insured and uninsured populations. This *Access Update* presents comparative information on five large urban areas: Boston, Fall River/New Bedford, Lawrence/Lowell, Springfield and Worcester.² Together, these five urban areas comprise one-third of the state's uninsured population. Individual monographs (one per urban area) highlight more specific differences in health status and health related utilization relative to DHCFP's 2000 survey data.

Key Findings of the 2002 Survey

- Residents of the five urban areas were more likely to be uninsured than residents statewide.
- Compared to the other urban areas, Boston and Lawrence/Lowell had significantly higher rates of uninsured non-elderly (ages 0 to 64) and adults (ages 19 to 64). While higher than the statewide rate, Worcester had significantly lower uninsured rates for these two age groups than the other four urban areas.
- Children ages 0-18 were the least likely to be uninsured, but the rate varied by urban area. Children in Fall River/New Bedford and Worcester were less likely to be uninsured than children statewide, while children in Boston and Lawrence/Lowell were significantly more likely to be uninsured than children statewide.
- Most uninsured rates among racial or ethnic groups were higher in the five urban areas than they were state-

wide. However, statewide, Hispanics had higher uninsured rates than Hispanics living in each of the urban areas except Boston.

- Statewide, the uninsured were twice as likely as the insured to live in low-income households.³ This trend changed for the five urban areas where, for the most part, the uninsured were just as likely as the insured to live in low-income households. In Springfield, however, the uninsured were less likely than the insured to live in low-income households.
- Most insured residents in the five urban areas reported that they received health care coverage from their employer,⁴ with Medicaid being the second largest source of coverage. Insured residents in the five urban areas were more likely to have Medicaid coverage than insured residents statewide.
- Most uninsured in the five urban areas were employed, worked full-time and had worked for an employer for more than one year.
- Compared to working insured in the five urban areas, the working uninsured were more likely to be self-employed. The working uninsured were also less likely to have worked for the same employer for more than a year, and more likely to have worked for a small firm. With the exception of Fall River/New Bedford, urban area working uninsured were also less likely to have worked full-time⁵ than the working insured.

Figure 1
Non-Elderly Uninsured within an Age Group

	Five Urban Areas	Statewide
All Ages	10.4%	6.7%
Ages 0-64	11.3%	7.4%
Ages 19-64	14.0%	9.2%
Ages 0-18	5.2%	3.2%

Methodology

The Massachusetts Division of Health Care Finance and Policy has conducted three state-sponsored surveys (1998, 2000 and 2002) to identify the characteristics of the uninsured population. In 2000 and 2002, the surveys sampled an additional number of households in five urban areas (Boston,

Fall River/New Bedford, Lawrence/Lowell, Springfield and Worcester) in order to develop valid estimates of the uninsured residing in these urban areas. This monograph analyzes data from the 2002 survey and highlights differences in the insurance status of Massachusetts' residents among the five urban areas. The over-sample of urban area residents was

Figure 2
Uninsured Adults by Region and Urban Area, Ages 19-64

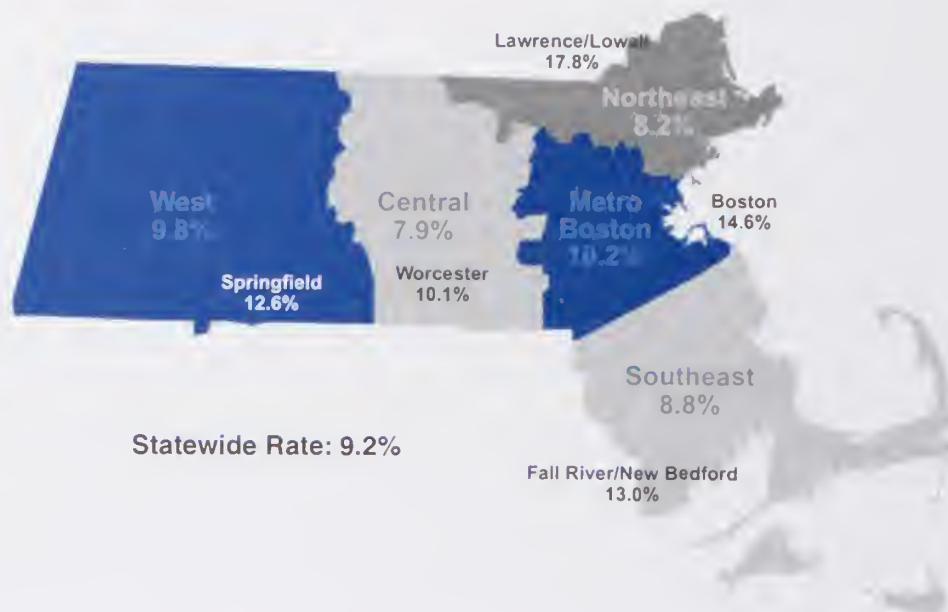
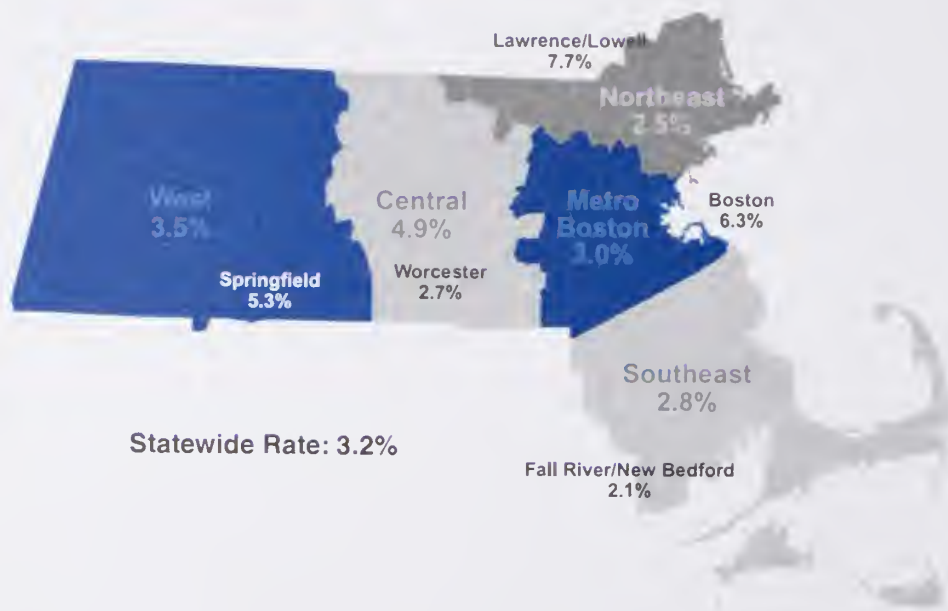


Figure 3
Uninsured Children by Region and Urban Area, Ages 0-18



conducted between March and October of 2002. The data collected represents 2,176 households and 5,674 individuals residing in the five urban areas. The survey sample was drawn from a computer-generated random list of telephone numbers by specific area code and exchange combinations. In each of the five urban areas, participants were also asked to verify their residency. The questionnaire was available in Spanish and English. Responses were weighted to reflect population estimates.

Demographics

Age. Residents of the five urban areas were more likely to be uninsured than residents statewide. Consistent with statewide trends, the highest rates of uninsured in the five urban areas were among the non-elderly (ages 0-64) and adults (ages 19 to 65) (see Figure 1). Worcester had significantly lower rates of uninsured non-elderly and adults than the other four urban areas, while Lawrence/Lowell and Boston had the highest rates of uninsured non-elderly and adults among the five urban areas (see Figure 2). Among Massachusetts adults, those ages 19-39 had the highest rate of uninsured both statewide (12.1%) and in each urban area, but were even more likely to be uninsured in the five urban areas. Lawrence/Lowell had the highest (22.8%), and Worcester had the lowest percent (12.7%) of uninsured ages 19 to 39. Children ages 0-18 remained the least likely to be uninsured. The percent of uninsured children in Fall River/New Bedford was significantly lower than that of children statewide (2.1% compared to 3.2%), whereas, except for Worcester, children in the other urban areas were more likely to be uninsured (ranging from 5.3% to 7.7%) compared to children statewide (see Figure 3).

Income. In each of the five urban areas, the majority of the uninsured resided in households with incomes above 200% of the federal poverty level (FPL). Low-income households in Boston had a disproportionately larger percent of uninsured compared to higher-income households. In contrast, Springfield had the lowest percent of uninsured residing in low-income households and a greater percent of uninsured residing in households with income above 200% of the FPL (see Figure 4). While the uninsured in Lawrence/Lowell were distributed evenly among these two income brackets, they had the highest or second highest uninsured rates in each income group compared to the other four urban areas.

Race/Ethnicity. Most uninsured rates among racial or ethnic groups were higher in the five urban areas than statewide. Statewide, Hispanics had the highest rate of uninsured (13.9%) and Blacks had the second highest rate of uninsured

Figure 4

Non-Elderly Uninsured within an Income Category

	Below FPL	Above 200% FPL
Five Urban Area Average^a	10.1%	9.1%
Boston	12.2%	8.1%
Fall River/New Bedford	9.3%	8.8%
Lawrence/Lowell	12.8%	12.5%
Springfield	5.8%	13.0%
Worcester	7.5%	6.9%
Statewide	13.5%	6.8%

(9.0%). While this trend was the same in Boston, the other four urban areas showed marked variation. In Lawrence/Lowell and Worcester, the mixed-race population had a higher rate of uninsured (23.3% and 15.4%) compared to other racial or ethnic groups. In Fall River/New Bedford, whites were more likely to be uninsured (9.1%) than other racial or ethnic groups, while blacks had the highest percent of uninsured (12.1%) in Springfield.

Knowledge of Health Programs. Over the past few years, MassHealth (the Medicaid program in Massachusetts), has increased outreach efforts, resulting in greater enrollment. Another positive result of these efforts is the high recognition rate of the MassHealth program among the uninsured in all of the urban areas, except Boston. This was consistent with "source of insurance" reporting trends for the five urban areas where the insured were between 1.3 and three times more likely to have received health coverage through the Medicaid program than any other source of insurance. In contrast, much more variability was seen in the awareness level for the Uncompensated Care Pool, commonly known as Free Care. Among the five urban areas, awareness of Free Care ranged from a high of 54.8% in Worcester to a low of 24.2% in Springfield.

Able to Pay for Health Care Coverage and Amount Willing to Pay. Statewide, 74% of uninsured adults reported that they were able to pay some amount towards their health care coverage. Comparatively, fewer urban area uninsured reported that they were able to pay for coverage (71%), with 41% of these respondents willing to pay \$100 or more per month (see Figure 5). When looking at those willing to pay for coverage by household income statewide, 36.7% of the low-income uninsured compared to 54.9% of higher-income uninsured

Figure 5
Uninsured Able to Pay Some Amount for Health Insurance and Amount Willing to Pay, Ages 19-64

	Able to Pay	\$1-\$99 per Month	\$100+ per Month
Five Urban Area Average	70.9%	59.0%	41.0%
Boston	65.9%	68.5%	31.5%
Fall River/New Bedford	85.5%	52.9%	47.1%
Lawrence/Lowell	66.9%	51.7%	48.3%
Springfield	76.8%	60.0%	40.0%
Worcester	66.7%	51.1%	48.9%
Statewide	74.1%	52.9%	47.2%

adults statewide were willing to pay \$100 or more per month. In contrast, the majority of both low- and high-income uninsured adults residing in the urban areas were willing to pay less than \$100 per month for health care coverage.

Employment. The employment trends among the uninsured in the five urban areas were similar to statewide trends. Greater disparities were more likely to be found among the urban areas themselves (for more details, see the individual report for each urban area). The majority of uninsured adults statewide and in the five urban areas were employed, worked for an employer, and had worked for the same employer for over a year. Compared to the insured, however, they were more likely to be self-employed and less likely to have worked for the same employer for more than a year. With the exception of Fall River/New Bedford, working uninsured were also less likely than the insured to work full-time (see Figures 6 and 7). The working uninsured in the other four urban areas were over two times more likely than the insured to work for an employer less than a year. Most of the uninsured working part-time in these four urban areas worked between 20 and 35 hours per week. In the five urban areas overall, an average of 89% of working insured worked full-time, compared to an average of 66.4% of working uninsured. Fall River/New Bedford had the greatest percent of uninsured working full-time (87.6%), about the same as the insured population of this area. The larger disparities between the rate of uninsured and insured working full-time were found in Boston and Lawrence/Lowell, where the insured were almost 50% more likely than the uninsured to work full-time (see Figures 8 and 9).

Statewide, uninsured adults were far more likely to work in small firms versus large firms. In most of the urban areas,

Figure 6
Working Uninsured by Type of Employment, Ages 19-64

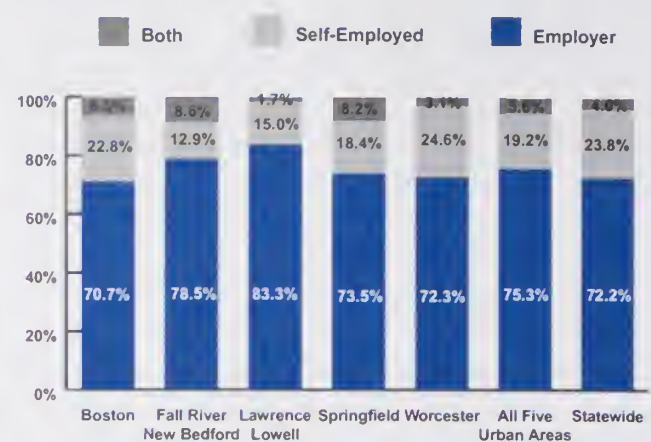
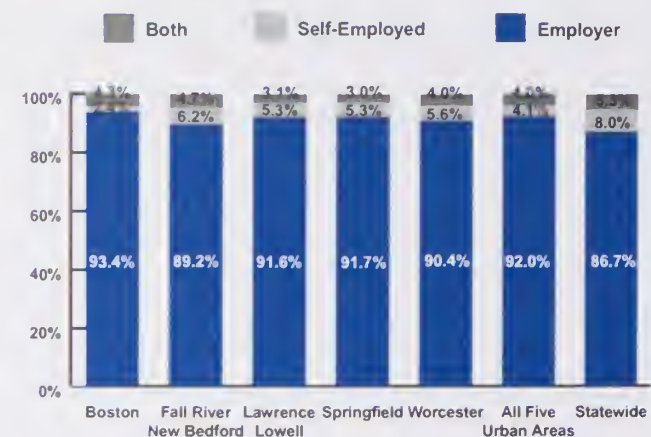


Figure 7
Working Insured by Type of Employment, Ages 19-64



however, there was less or no disparity between the percent of uninsured working in small firms versus large firms. In fact, working uninsured adults in Springfield were more likely to work in large firms while working uninsured adults in Lawrence/Lowell were just as likely to have worked in small firms as large firms. Worcester was the exception, with 70% of working uninsured adults employed by small firms versus only 30% employed by large firms (see Figure 10).

Employer-Offered Health Care Coverage. Slightly lower than the statewide rate (40%), an average of 37.1% of working uninsured in the five urban areas reported that their employer offered health insurance. However, with the exception of

Figure 8
Working Uninsured by Hours Worked per Week, Ages 19-64

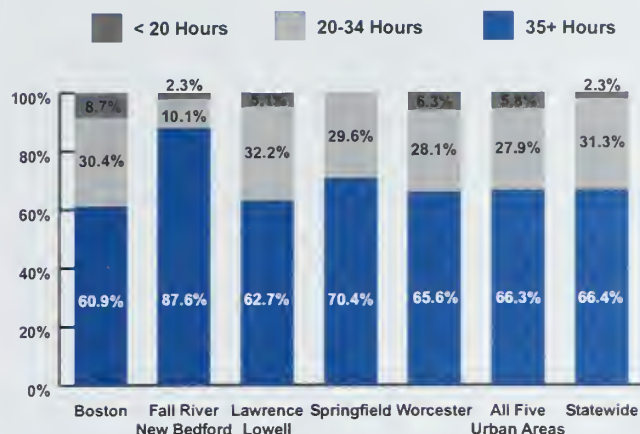
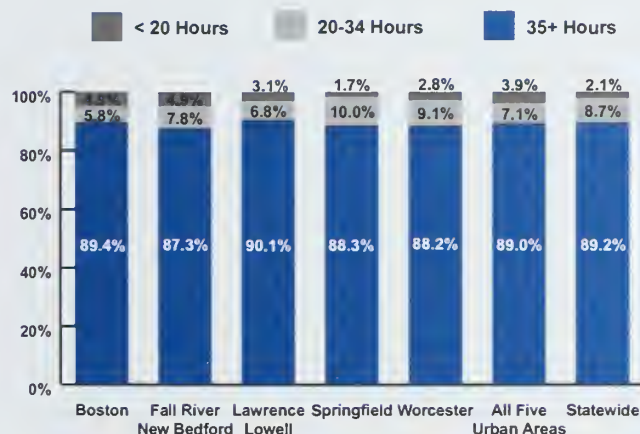


Figure 9
Working Insured by Hours Worked per Week, Ages 19-64



Boston, working uninsured in the urban areas who reported that their employer offered coverage were far more likely than working uninsured statewide to be eligible for their employer-offered health plan (see Figure 11). For those reporting the availability of employer-offered plans, the type of health plan offered varied dramatically. Statewide, the percent of insured individuals offered self-coverage rather than family coverage was fairly evenly divided (48.5% versus 51.5%), whereas the overwhelming majority of insured adults in the five urban areas (81.2%) reported family coverage as the type of plan offered. "Cost" was the most common reason given for opting not to take the coverage offered. More than half of the work-

ing uninsured in each of the five urban areas and 57% of the working uninsured statewide reported that health insurance was too expensive. There was more variation, however, when respondents were asked about other reasons. For example, 24% of working uninsured in Springfield cited that health care benefits did not meet their needs, compared to over 54% of working uninsured in Lawrence/Lowell who believed that the benefits were insufficient.

Access and Utilization

While health insurance coverage does not ensure better quality of health, it is highly correlated with access to health care and better health status. Similar to utilization trends statewide, uninsured adults in most of the five urban areas were far less likely to visit a doctor or an emergency room (ER)

Figure 10
Working Uninsured by Firm Size, Ages 19-64

	< 50 Employees	50+ Employees
Five Urban Area Average	56.0%	44.0%
Boston	62.1%	37.9%
Fall River/New Bedford	57.3%	42.7%
Lawrence/Lowell	49.5%	50.5%
Springfield	41.3%	58.7%
Worcester	70.0%	30.0%
Statewide	59.4%	40.7%

Figure 11
Employer-Offered Health Plan and Eligibility Reported by Working Uninsured Adults, Ages 19-64

	Employer Offers Coverage	Eligible for Offered Plan
Five Urban Area Average	37.1%	60.1%
Boston	34.4%	41.4%
Fall River/New Bedford	44.1%	82.9%
Lawrence/Lowell	36.4%	65.1%
Springfield	35.4%	64.7%
Worcester	45.2%	78.6%
Statewide	40.0%	57.0%

Figure 12
Non-Elderly Adults by Insurance Status
and Physician Office Visits

	Uninsured		Insured	
	0 Visits	1+ Visits	0 Visits	1+ Visits
Five Urban Area Average	44.8%	55.2%	15.6%	84.4%
Boston	34.7%	65.3%	14.7%	85.3%
Fall River/ New Bedford	57.4%	42.6%	17.7%	82.3%
Lawrence/ Lowell	50.9%	49.1%	15.2%	84.8%
Springfield	50.8%	49.2%	15.1%	84.9%
Worcester	51.3%	48.7%	17.5%	82.5%
Statewide	54.9%	45.2%	15.5%	84.6%

Figure 13
Non-Elderly Adults by Insurance Status
and Emergency Room Utilization

	Uninsured		Insured	
	0 Visits	1+ Visits	0 Visits	1+ Visits
Five Urban Area Average	72.2%	27.9%	63.0%	37.0%
Boston	72.5%	27.5%	61.6%	38.4%
Fall River/ New Bedford	66.1%	33.9%	63.0%	37.0%
Lawrence/ Lowell	78.3%	21.7%	64.0%	36.1%
Springfield	60.8%	39.2%	61.5%	38.5%
Worcester	76.4%	23.6%	68.2%	31.8%
Statewide	75.3%	24.6%	73.0%	27.0%

than were insured adults. Statewide, 55% of uninsured adults reported that they never visited the doctor in the past year, compared to only 16% of insured adults. In Boston, the disparity was less, with 35% of the uninsured reporting that they never visited a doctor, compared to over 50% of the uninsured in each of the other urban areas.

While only a small percent of all adults actually visited an ER in the past year, the insured adults in each of the urban areas, except Springfield, were more likely to have visited an ER than were uninsured adults. The largest disparity in ER utilization was in Lawrence/Lowell, where only 21.7% of the uninsured adults reported that they made a visit to the ER, compared to 36.1% of the insured adults (see Figures 12 and 13).

Figure 14
Adults Not Seeking Care for Chronic Condition
by Type of Care and Insurance Status

	Uninsured			Insured		
	Have Chronic Illness	No Doctor Visits	No Prescriptions	Have Chronic Illness	No Doctor Visits	No Prescriptions
Five Urban Area Average	23.8%	42.2%	60.8%	36.7%	6.0%	20.6%
Boston	27.6%	51.4%	71.4%	34.1%	5.3%	24.5%
Fall River/ New Bedford	21.7%	50.0%	62.5%	42.4%	7.3%	19.6%
Lawrence/ Lowell	16.7%	25.0%	50.0%	38.7%	6.5%	18.9%
Springfield	25.4%	33.3%	45.5%	39.7%	4.9%	8.3%
Worcester	25.8%	25.8%	41.9%	35.3%	6.7%	22.6%
Statewide	26.5%	42.5%	48.8%	35.5%	7.0%	78.3%

Statewide, insured adults were 25% more likely than uninsured adults to report that they had a chronic condition lasting three months or more in 2002. In the five urban areas, insured adults were even more likely than uninsured adults to report that they had a chronic illness. This disparity was greatest in Lawrence/Lowell where far fewer uninsured adults than insured (16.7% versus 38.7%) reported a chronic illness. In contrast, there was less of a difference for Boston adults, where 27.6% of uninsured adults and 34.1% of insured adults reported that they had a chronic condition, relative to the other four urban areas.

Statewide, among those who reported having a chronic illness, however, 42.5% of uninsured adults reported that they did not visit the physician for their condition, compared to 7% of insured adults. Among the urban areas, 25.8% or more of chronically ill uninsured adults reported that they did not visit the doctor for their condition in the past three months, compared with 7.3% or less of insured adults. Additionally, 40% or more of chronically ill uninsured adults in each urban area, compared with 25% or less of insured adults, reported that they did not take a prescription for their condition in the past three months. Boston and Fall River/New Bedford had the highest percent of chronically ill uninsured adults who reported that they did not visit a doctor (51.4% and 50%) or take a prescription drug (71.4% and 62.5%) for their condition (see Figure 14).

Conclusion

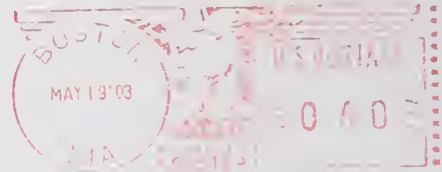
The differences that exist between the uninsured and insured populations statewide with respect to age, employment trends, and utilization of health services were also found in the five urban areas. However, greater differences exist among the urban areas. These variations reflect the

current economic climate in Massachusetts, which seems to have impacted populations differently depending on age, race and geographic location. Therefore, the information in this monograph will help to refocus existing health care delivery systems toward the populations most in need at this time.

-
1. See the DHCFP web site for the other *Access Update* monographs: www.mass.gov/dhcfp.
 2. In this report, percentages are based on the non-elderly population, ages 0-64, unless otherwise specified.
 3. Low-income households are households with income at or below 200% of the federal poverty level.
 4. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veteran's Administration), a group purchaser (i.e., labor union, professional association), and past employers.
 5. Full-time employment is 35 or more hours per week. Part-time employment is less than 35 hours per week. In either case, employed respondents surveyed may have worked more than one job.
 6. The "five urban area average" was calculated using the entire survey sample for the five urban areas.



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